

Request to update General Practitioner Registration Details



National HPV Vaccination
Program Register

If you have already completed and submitted a General Practitioner Registration form and wish to update your details, please complete your details below.

NB: If you have a new Medicare Provider number you will need to complete the General Practitioner Registration Form for your new number. A copy of this form is available from our website www.hpvregister.org.au/health-professionals/. Please direct address updates to Medicare Australia.

COMPLETE IN BLOCK LETTERS WITH BLUE OR BLACK PEN.

General Practitioner details:

Provider number: _____
Surname: _____
First name: _____
Phone number: _____

Tick box for details to be updated:

- Phone number [GP Contact] (Please include area code)
- Email address [GP Contact]
- Bank account details [BSB Account Number Account Name
 Bank / Institution Branch]
- Fax number
- Contact person at clinic
- On-line access now required (Email address required)

Please provide details:

Old details:

New details:

Reason:

The HPV Register may contact you to verify this information.

Declaration and signature:

I certify that the information provided on this notification form is complete and correct.

Print name: _____

Signed: _____ Date: ____ / ____ / ____

**Fax completed form to 03 8417 6835 or
post to PO Box 310 East Melbourne VIC 8002**