



HEALTH PROFESSIONAL - DATABASE UPDATE

We love our doctors and Nurses. We wish to stay in touch and would like to know a little more about you.

TITLE..... PROFESSIONAL:.....
Mr / Mrs / Dr / Prof / Assoc Prof / CNC / NUM Endocrinologist (adult/paed) / Neurosurgeon / ENT / Endocrine Nurse / Paed nurse / Rad Oncologist

NAME: Do you treat adults / children / both (please circle)

NAME OF PRIVATE PRACTICE:

PRIVATE PRACTICE ADDRESS:

Phone W:..... Mobile:..... Email:

Secretary/PA: Name:Phone: Email:

Website:

Hospitals you visit:

AND/OR

COMPANY / HOSPITAL.....

POSTAL ADDRESS including Title and Dept.

Phone: W..... Mobile..... Email:

Secretary/PA: Name:Phone: Email:

Website:

AND

Are you involved in research? Please provide details

SPECIALTIES: pituitary / diabetes / obesity / adult GH / other

HOW YOU CAN ASSIST US:

- Display a poster in my rooms / ward /clinic
Receive the newsletter by hardcopy for display in my rooms
Talk with the media if required
Write educational articles for our newsletter
Hand out brochures to patients
Present at our seminars or informal educational forums
Resource/fact sheet development
Advocacy & professional help

Please Fax to 07 3376 2896