

Dispensary & Pathology for Practitioners Application Form

Practitioner name.....

Clinic name (if applicable).....

Professional Association.....

Member number.....

Public indemnity and malpractice provider.....

ABN..... Registered for GST: Yes No

Practice hours.....

Practice address.....Suburb.....Postcode.....

Bank details- (for payment of monthly commission)

Bank.....

Account Name:.....

BSB..... Account#.....

I would like to register for the services:

- Dispensary
- Pathology

Signed on the (date)

Signed on behalf of the Practitioner)

By)

Please return completed form to admin@remed.com.au or phone 1300 1REMED

(Continued overleaf)



ReMed Lower Plenty Clinic
205 Main Road, Lower Plenty VIC 3093
1300 1 REMED
F 03 9439 8429
E admin@remed.com.au
W www.remmed.com.au
ABN 74 143 728 107



ReMed Hawthorn Clinic
144 Barkers Road, Hawthorn VIC 3122
T 1300 1 REMED
F 03 9818 6922
E hawthorn@remed.com.au
W www.remmed.com.au
ABN 26 616 360 043

Dispensary Range

Please list the top 10 products you require in our dispensary:

Brand	Product name	Average monthly usage

Please return completed form to admin@remmed.com.au or phone 1300 1REMED

