

SURGICAL SKIN AUDIT REGISTRATION FORM 2017–2019 TRIENNIUM

- ✓ Improve your clinical skills
- ✓ Data collection made easy
- ✓ Obtain CPD points
- ✓ Available to all doctors which refer skin pathology samples to Dorevitch Pathology
- ✓ **You will receive information on**
 - Diagnostic findings
 - Number of procedures performed
 - Provisional diagnoses compared with histological diagnoses
- ✓ All results are completely confidential

DOCTOR DETAILS

Title: _____ First Name: _____ Surname: _____

Provider No: _____ Dorevitch Dr. Code (if known): _____

RACGP QI & CPD/ACRRM No: _____

MANDATORY

Doctor Type: **Please Tick** ✓

- General Practitioner
- Skin Cancer Practitioner
- Plastic/General Surgeon
- Dermatologist

Use of dermoscopy:

- No
- Always
- Sometimes

Use of sequential digital imaging:

- No
- Always
- Sometimes

PRACTICE DETAILS

Practice Name (primary location): _____

Street: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email Address: _____

IMPORTANT

Other Practice locations to be included in this audit

FREQUENCY OF REPORTS

- Quarterly
- Half Yearly
- Yearly

I, Dr _____ (*print name*) confirm that I wish to receive a 'Skin Audit Report' of my pathology cases and I will contact Dorevitch Pathology if my contact details change or if I no longer want to receive the 'Skin Audit Report'.

Doctor's signature: _____ Date: _____

Please complete this form or download the Skin Audit online form at www.dorevitch.com.au under 'I am a Doctor' tab, and email to DorevitchSkinAudit@dorevitch.com.au