

Pathology Department

Ashford Hospital
St. Peter's Hospital

London Road
Guildford Road

Ashford
Chertsey

Middlesex
Surrey

TW15 3AA
KT16 0PZ

Registration of new doctor in the Practice

Please complete the form below and fax back so that we can enter the correct details for a new member of your staff onto our computer system.

Please **PRINT** clearly

Practice Name	
Practice Address and telephone No.	
Telephone No. for urgent results to be phoned out of hours	
Practice Code	
Surname	
Forename(s)	
<input type="checkbox"/> Partner <input type="checkbox"/> GP Registrar <input type="checkbox"/> Long term Locum <input type="checkbox"/> Other.....	
GMC Code	_____
NHS GP Code	G _____
PCA GP Code	_____ (GP code used by PCA for Cytology recall)
<p>Please inform PATHOLOGY on 01932 723062 when a GP leaves the practice</p>	

For Laboratory use only:

Doctor Code		
Practice Code(s)	1.	3.
	2.	4.

Please fax reply to: 01932 875129