

Practice Name: HPI Facility ID: HPI Organisation ID: EDI: Ph: 075791248 Email:	Medical Council Number *		Drs Code	HPI (CPN) *	After Hours contact number *
DOCTORS:			Lab use only		
NURSES:	Smear Taker (ST) Nurse Practitioner (NP) Nurse Prescriber (PS)				
Practice Administrators:	Email address				
Your IT Support details: PMS used: Incisive					

* Required

Please complete and email to support@pathlab.co.nz