

# ADELAIDE SKIN



PATHOLOGY

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Facsimile 08 8120 4788  
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reception@adelaideskinpathology.com.au  
ABN: 59 644 330 623

## CLINIC GENERAL INFORMATION

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### Medical Centre Contact Details

Clinic Name:

.....  
Clinic Address:

.....

.....  
Clinic Phone:

.....  
Clinic Fax:

.....  
Opening Time:    Mon        Tues        Wed        Thurs        Fri        Sat        Sun

.....  
Closing Time:    Mon        Tues        Wed        Thurs        Fri        Sat        Sun

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### Practice Manager

Practice Manager Name:

.....  
Contact Number                      Email Address

.....

### IT Person

Full Name:

.....  
Contact Number                      Email Address

.....  
Availability

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