NATIONAL OPAT

REGISTRATION FORM

ALL FIELDS MUST BE COMPLETED IN ORDER TO REGISTER TO USE THE NATIONAL OPAT SERVICE WEB PORTAL

PLEASE FAX TO: 01-4276099

HOSPITAL NAME _____

DOCTOR NAME _____

TITLE (please circle) Prof. / Dr. / Mr. / Ms.

CONSULTANT/TEAM _____

LEVEL (please circle) Intern / Senior House Officer / Registrar / Specialist Registrar / Consultant

SPECIALITY _____

MEDICAL COUNCIL NO. _____

MOBILE NUMBER _____

PAGER NUMBER _____

EMAIL ADDRESS _____

IF YOU HAVE ANY QUESTIONS IN RELATION TO THE ABOVE,
PLEASE CONTACT THE NATIONAL OPAT SERVICE OFFICE ON **01-4276000**