



PATIENT FEEDBACK INSTRUMENT APPLICATION

For *practice accreditation only*

Price Guide

No of doctors	Fees (inc. GST)	No of questionnaires
1 EFT* doctor practice	\$132	30
2 EFT doctor practice	\$198	60
3 EFT doctor practice	\$264	90
4 or more EFT doctor practice	\$286	100

*EFT = Equivalent full-time

I would like to participate in the Patient Feedback Instrument

Name:	<small>(Dr/Mr/Mrs/Ms/Miss)</small>		M / F
Organisation name:			
Address:			
Contact tel no:		E-mail address:	
No of doctors in the practice (or full-time equivalent [FTE] doctors):			

<input type="checkbox"/> I enclose a cheque for \$ _____ made payable to 'Client-Focused Evaluation Program' or 'CFEP'	
or	
I would like to pay by:	
<input type="checkbox"/> Bank card	
<input type="checkbox"/> Mastercard	_____
<input type="checkbox"/> Visa	
Please debit my account. My account details are as follows:	
Card no: _____ / _____ / _____ / _____	Expiry date: ____ / ____
Name on card: _____	Amount: \$ _____
Date of transaction: _____	Receipt no: _____
Signature: _____	Date: _____

PLEASE RETURN THIS FORM BY POST: **CFEP, PO Box 588, Everton Park, QLD 4053**
or FAX: **(07) 3355 7047**