



Wairarapa DHB

Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

Sample Signature

FOR THE INFORMATION OF ALL WAIRARAPA PHARMACIES

Below is the signature and registration number of the Locum Doctor who will be working at the Wairarapa DHB.

Full name: Please print clearly	
Signature:	
Initials:	
Date:	
Medical Council Number:	
Working period:	