



**Pharmacist Reviewer Form  
For AIDH 4<sup>th</sup> Edition**

Complete this form if you are willing to be involved in future monograph reviews. These will not commence until some time in 2006.

Fax this form to 61 (03) 9486 0311  
or Mail to SHPA c/- PO Box 1744 Collingwood, Victoria 3066

**Your Contact Details:**

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email address: \_\_\_\_\_

**Experience and Area of Specialty:**

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