|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please note the following contact details and delineation of clinical privileges is on your current file with Medical Workforce. Could you please acknowledge this information to be correct or update if necessary.** | | | | | |
| **Employee Id:** | 56142767 |  |  |  |  |
| **Surname:** | Mantilla | **First name:** | Anecito Jr | **Middle name:** | Sagrado |
| **Alias:** | John |  |  |  |  |
| **Date of Birth:** | 24/06/1974 | **Gender:** | Male |  |  |
| **Citizenship Type:** | Australian |  |  |  |  |
| **Valid Visa:** |  | **Visa Expires:** |  |  |  |
| **Residential Address** | | | |  |  |
| 17 Valley View Crescent | | | |  |  |
|  | | | |  |  |
| **Suburb: Glendale** |  | **State: NSW** |  | **Postcode:** | 2285 |
| **Postal Address:** | | | |  |  |
| Po box 736 | | | |  |  |
|  | | | |  |  |
| **Suburb:** | Kotara | **State:** | NSW | **Postcode:** | 2289 |
| **Work Phone:** | 49904833 | **Work Fax:** | 49914822 |  |  |
| **Work Email:** | johnmmd@mantillamedical.com | | | | |
| **Home Phone:** |  | **Mobile Phone:** | 0439383622 |  |  |
| **Personal Email:** | johnmmd@mantillamedical.com | | | | |
| **Qualification Degree:** | | Doctor of Medicine | | | |
| **Qualification Fellowship:** | |  | | | |
| **Qualification Other:** | |  | | | |
|  |  |  |  |  |  |
| **Position Type:** | Visiting Medical Officer | | |  |  |
| **ABN Type:** | Autralian Proprietary Company | | |  |  |
| **ABN Number:** | 43152083997 | | |  |  |
| **ABN Name: MANTILLA MEDICAL PTY LTD** | | | |  |  |
| **Delineation of Clinical Privileges** | | | |  |  |
| Cessnock District Hospital | | General Practice | | | |
|  |  | **Specific:** | General Practice Non-Procedural | | |
|  |  | **Non-Routine:** |  | | |
|  |  | **Exclusions:** |  | | |
|  |  |  |  |  |  |
|  |  | **Agree:** | **[ ]** |  |  |
|  |  | **Disagree:** | **[ ]** |  |  |
|  |  | **Comment/Additions** | |  |  |
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