

2021 2021 2021
Cape Primary Care Holdings
Open Day

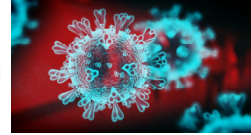


CPC/Qualicare Address:

Boland Bank Building, 5th Floor, Suite 501, 18 Lower Burg Street, Cape Town, 8001



- 20 GP/FP Orientated talks (7 points)
- 17 - 18 items of related reading
- Total of 24-25 CPD Points will be applied for



Due to persistent COVID-19, we have again gone virtual!!!



DATE: Saturday 22 May 2021

7 point Webinar attendance @ R120.00 incl. VAT (Compulsory for attendance)

Current topics include: POPI for the Family Practitioner, Ethical Considerations surrounding Home Based Care, Importance of Glycemic Control in COVID-19 Patients, The Diabetic cardiometabolic journey: insights from the CAPTURE study and GLP1 CV outcome studies, Latest Hypertension Mx by GPs: "Perfect pair", A New Approach in Hypertension by Family Practitioners, Inconsistencies and misperception in Asthma management, Smoking Cessation, Progress in Tobacco Harm Reduction - Evidence Based, Evaluation of long-term Anti-coagulant therapy, COVID-19 associated Coagulation abnormalities, The difference between colds, flu and Allergic Rhinitis, "Time is Essential" in GP management of Heart Failure, A Family Practitioners approach to Antibiotics in Ophthalmology, Electronic Medical Records (EMRs) to optimise GP - Patient care in a COVID world...

17 - 18 Points of Related Reading: **CPC** Shareholders and Members R 715.00 incl. VAT

Related Reading: **Non-CPC** members R 1300.00 incl. VAT

Tick correct block/s above (Related Reading points are subject to change)

EFT Bank details

Bank: FNB Claremont Account name: Cape Primary Care Holdings Ltd
 Account number: 50150093439 Branch number: 200109

(Please email your completed RSVP form and proof of payment to shireen@cpcqualicare.co.za, to secure your place.)
 Payment reference : Initial, Surname and PCNS no.

PLEASE NOTE: THIS NOTIFICATION CAN SERVE AS A TAX INVOICE .

Office number for queries: 021-426 4777

Reg. No.: 1994/007942/07 / VAT No. 4350157329

Name & Surname:		HPCSA No.:	
Tel:		Cellphone No.:	
Email Address:		PCNS No: (Optional)	
ID: (Optional)			

I hereby permit CPC/Qualicare to share my name, surname and email address with the exhibitors (tick appropriate box) for purposes of marketing.

- Yes I do agree
 No I don't agree

