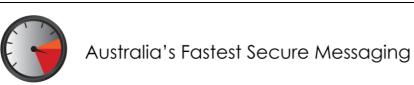






Phone: 07 5456 6000. Fax: 07 3221 0220 Email: register@medical-objects.com.au

Practice Details							
Practice Name							
Street Name							
City		Postcode					
Mailing Address							
Street / PO Box							
City		Postcode					
Phone		Fax					
Email Address							
Contact Details							
Practice Manager		IT Support Contact					
Who would you prefer to install the software?	Medical-Objects IT Support Contact	IT Support Ph No.					
IT Configuration							
Operating system Mac	Windows	Version in use (i.e Windows 7, 8, OSX Leopard):					
Clinical system (e.g MD, Best Practice, Genie, PPMP):							
To be ready for eHealth Interoperability. Please complete the section below.							
Please indicate which of the below items your practice has available (If any)							
NASH Certificate (Practic	Practice) Individual PKI Access to HPOS (Health Professional Online Services)						
Adelaide Diagnostic Imagi	ng Support Cover						
Medical-Objects Download	Client						
Free initial remote							
Free Initial TrainingUnlimited support during business hours							
Simmed Support	. aaring addition flours						





Medical Objects Receive Only Edition Request Form

Providers Details								
Providers Names	Enter Provider Numbers							
Please indicate if you v	vould like to participate in social media							
This allows Medical Ob	ejects to post your details on our social pla	tforms. Th	is cover	s anv				
	s, but not limited to these platforms below			in You				
μ	,,		· ·					
Agreement								
Medical-Objects agree	es to adhere to all Privacy Act 1988 (Co	mmonwe	alth) ("t	he Act") a	and the Australian			
Privacy Principles ("APPs") and any other applicable privacy laws that govern how private sector Health Service								
providers handle your personal information (inclusive of sensitive information and Health Information). Please								
read the Medical-Objects Privacy Policy located http://www.medical-objects.com.au/privacy/								
I understand and accept this agreement with the knowledge that Medical-Objects Pty Ltd will be using the								
personal information provided by me on this form in order to supply Medical-Objects Health Software								
Products and Services and not for unsolicited communication or marketing. I understand and accept that								
Medical-Objects products, services and personal information will be used by us for managing healthcare								
information, services and communications only.								
I understand that software support covers Medical-Objects products and services only. I agree to the Medical-								
Objects terms and conditions found at www.medicalobjects.com.au/MedicalObjectsSLA.pdf. I agree to notify								
Medical-Objects Pty Lt	d of any problems or errors and to provide	e feedback	directly	' .				
Name								
Signature		Da	ate					