

Practice Details			
Practice Name			
Street Name/Number			
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 <input type="checkbox"/> IT Support Contact <input type="checkbox"/>	IT Support Ph No.	
IT Configuration			
Operating system	<input type="checkbox"/> Mac <input type="checkbox"/> 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 (Practice)		Individual PKI Access to HPOS (Health Professional Online Services)	

Medical Objects Admin Use Only: Notify **<Email Contact>** once install complete



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