





P.O. Box 5048 Maroochydore B.C. 4558 **Phone:** 07 5456 6000. **Fax:** 07 3221 220 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 install the software?	to Medical-Objects IT Support Contact		IT Support Ph No.				
IT Configuration							
Operating system M	ac Windows		Version in use (i.e Wind	dows 7, 8, OSX Leopard):			
Clinical system (e.g MD, Best Practice, Genie, PPMP):							
To Get 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) I Individual PKI Access to HPOS (Health Professional Online Services)							



Australia's Fastest Secure Messaging

Providers Details					
Providers Names	Enter Provider Numbers				
*If you need to add further provider details, please append another page to the form when returning.					
Please indicate if you would like to participate in social media					
This allows Medical Objects to post your details on our social platforms. This covers any social					
medial platforms, but not limited to these platforms below.	f 9 8 in 100				
Agreement					
Medical-Objects agrees to adhere to all Privacy Act 1988 (Commonwealth) ("the Act") and the Australian					

Medical-Objects agrees to adhere to all Privacy Act 1988 (Commonwealth) ("the Act") 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 Ltd of any problems or errors and to provide feedback directly.

Name		
Signature	Date	