





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 to install the software?	Medical-Objects  IT Support Contact		IT Support Ph No.				
Operating system Mac	Windows	Version in use (i.e Windows 7, 8, OSX Leopard):  Windows					
Clinical system (e.g MD, Best Practice, Genie, PPMP):							
To Get ready for Please indicate which	•		Please complete the				



NASH Certificate (Practice)

Australia's Fastest Secure Messaging

Individual PKI Access to HPOS (Health Professional Online Services)

Providers Details								
Providers Names		Enter P	rovider Nu	mbers				
*If you need to add further provider details, please append another page to the form when returning.								
Please indicate if you w	vould 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.			g+	in You Tube				
Agreement								
Medical-Objects agree	s to adhere to all Privacy Act 1988 (C	ommonv	wealth) ("t	:he Act") an	d 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 <a href="http://www.medical-objects.com.au/privacy/">http://www.medical-objects.com.au/privacy/</a> 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								
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-								
$Objects\ terms\ and\ conditions\ found\ at\ www.medical objects.com. au/Medical Objects SLA.pdf.\ I\ agree\ to\ notify$								
Medical-Objects Pty Ltd	d of any problems or errors and to provid	de feedb	ack directly	у.				
Name								
Signature			Date					