



Practice Details			
Practice Name			
Street Name			
City		Postcode	
Mailing Address			
Street / PO Box			
City		Postcode	
Phone		Fax	
Email Address			
Billing Details			
Contact Name		Phone	
Email Address			
Contact Details			
Practice Manager		IT Support Contact	
Who would you prefer to install the software?	<input type="checkbox"/> Medical-Objects	<input type="checkbox"/> IT Support Contact	IT Support Ph No.
Please indicate which of the below items your practice has available (If any)			
<input type="checkbox"/> NASH Certificate (Practice)		<input type="checkbox"/> Individual PKI Access to HPOS (Health Professional Online Services)	

Allied Health Practice Software (Practice Software Package)	
<p><u>Medical Objects Allied Health Explorer</u> <u>Medical-Objects Word Plug-in</u> All Support calls Included (Business Hours) Initial Online Training upon install Onsite training not included (Extra) Hosted Database (Includes *5GB Storage) *More storage available if required. Further costs may apply</p>	<p>Costs \$150 (Plus GST) yearly Practice Hosting Fee Plus \$170 (Plus GST) Per Allied Health User</p> <p><i>example:</i> 1 person practice \$320 Plus GST Total 2 Person Practice \$490 Plus GST Total</p>
Operating System	
Please indicate which option is required	<p>Explorer Desktop and/or Word Plugin (Windows Only) <input type="checkbox"/></p> <p>Explorer Online (Windows/Mac) <input type="checkbox"/></p>

Medical Objects Allied Health Practice Software Request Form

Providers Details		
Providers Names	Speciality	Enter Provider Numbers

*If you need to add further provider details, please append another page to the form when returning.

Agreement

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 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 it is our responsibility to provide adequate security to protect personal and sensitive information located on our premises.

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/MedicalObjectsSLA.pdf. I understand the Medical-Objects Refund Policy found at www.medicalobjects.com/refund-policy. I agree to notify Medical-Objects Pty Ltd of any problems or errors and to provide feedback directly.

Name			
Signature		Date	

