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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. <input type="text"/>
IT Configuration			
Operating System <input type="checkbox"/> Mac * <input type="checkbox"/> Windows	Version in use (i.e Windows 7, 8, OSX Leopard): <input type="text"/>	Clinical System (e.g MD, Best Practice, Gentu (ID Required)): <input type="text"/>	
Please indicate which of the below items your practice has available (If any)			
<input type="checkbox"/> NASH Certificate (Practice)	<input type="checkbox"/>	<input type="checkbox"/> Individual PKI Access to HPOS (Health Professional Online Services)	<input type="checkbox"/>
GP Standard Edition (Sending Plan)			
<ul style="list-style-type: none"> <li>• Medical-Objects Download Client</li> <li>• Medical-Objects Referral Client</li> <li>• Free Installation</li> <li>• \$300 (Plus GST) Per Practice Per Year</li> <li>• Support within Business hours</li> <li>• Online Upgrades</li> <li>• Send Valid Referrals</li> </ul> <p style="text-align: center;"><i>For Large practices or after-hour doctors please contact us directly</i></p>			

