



P.O. Box 5048 Maroochydore B.C. 4558

Phone: 07 5456 6000. Fax: 07 3221 0220

Email: register@medicalobjects.com

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?	Medical	Medical-Objects IT Support Contact		IT Support Contact	IT Support Ph No.			
IT Configuration								
Operating System Mac * Windows		Version in use (i.e Windows 7, 8, O Leopard):		SX	Clinical System (e.g MD, Best Practice, Gentu (ID Required):		ctice,	
Please indicate which of t	he below items	your pra	ctice	has available (If any))			
NASH Certificate (Practice)		Individual PKI Access to HPOS (Health Professional Online Services)						
 Medical-Object Medical-Object Medical-Object Free Installatio \$300 (Plus GST) Support within Online Upgrade Send Valid Reference 	ts Download C ts Referral Clie n) Per Practice Business hou es errals	ent Per Year rs		r-hour doctors please	e cont	act us directly		

Medical-Objects GP Standard Edition Request Form

Enter Provider Numbers

Provider numbers are location specific by Medicare. If you move practices your provider number will remain at the assigned location for outstanding results for 12 months. If you wish to change the location, we will require an agreed notice from you and the practice before relocating the provider number.

*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.medicalobjects.com/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	

