



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"/>
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)	

Specialist Practice Software (Practice Software Package)	
<p>Medical Objects Specialist Explorer Medical-Objects Word Plug-in All Support calls Included (Business Hours) Initial Online Training upon install Onsite training not included (Extra) Hosted Database (Includes *5GB Storage)</p> <p>\$995 (plus GST) Per Specialist Per Year.</p> <p>*More storage available if required. Further costs may apply</p>	
Operating System	
Please indicate which option is required	Explorer Desktop and/or Word Plugin (Windows Only) <input type="checkbox"/> Explorer Online (Windows/Mac) <input type="checkbox"/>

