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 Email: [register@medicalobjects.com](mailto: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?                                 | <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) |  |  |                          |
| <b>NASH Certificate (Practice)</b>  | <input type="checkbox"/>                 | <b>Individual PKI Access to HPOS (Health Professional Online Services)</b> | <input type="checkbox"/> |

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

## Medical Objects Specialist Practice Software Request Form

| Providers Details |            |                        |
|-------------------|------------|------------------------|
| Providers Names   | Speciality | Enter Provider Numbers |
|                   |            |                        |
|                   |            |                        |
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|                   |            |                        |

*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/](http://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](http://www.medicalobjects.com/MedicalObjectsSLA.pdf). I understand the Medical-Objects Refund Policy found at [www.medicalobjects.com/refund-policy](http://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 |  |



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