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Practice Details			
Practice Name			
Street Name			
City		Postcode	
Health Provider Index Number			
HPI Organisation Example: (GXXNNN-C)			
Mailing Address			
Street / PO Box			
City		Postcode	
Phone		Fax	
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	IT Support Ph No. _____
IT Configuration			
Operating System <input type="checkbox"/> Mac * <input type="checkbox"/> Windows	Version in use (i.e Windows 7, 8, OSX El Capitan): _____	Clinical System (e.g VIP, Indici, MyPractice, Medtech32): _____	
GP Basic Edition			
<ul style="list-style-type: none"> • Medical-Objects Download Client • Free Installation • Unlimited Support during Business hours • Online Upgrades 			

