Medical-Objects Request to Add New Doctor



Phone: 09 964 6000 Fax: 09 964 6006 Email: register@medicalobjects.com

Practice Details						
Practice Name						
Health Provider Index Number						
HPI Organisation Example: (GXXNNN-C)						
Practice Address						
Street Name						
City				Postcode		
Phone				Fax		
Email Address					•	
Doctor's Details						
_	C-	anding Specialist Letters/De	norts s	Alliad Haalth Latte	rc/Do	norts
Receiving Only?	Se	ending Specialist Letters/Re	Jores or	Ameu nearm Lette	ıs/keţ	JUILS [
Doctor's Name		GP/Specialty Common Person Nu			er	HPI Facility Identifier
			Exam	ple: (NCAAAA)		Example: (FXXNNN-C)
Agreement						
Medical-Objects agrees to adhe and the Australian Privacy Princ		•		•		
providers handle your personal						
Objects Privacy Policy located h				,		
Lundarstand and accept this as	rroomont with the	ha anniada a that Madical C	hiosts D	tu I tal will be using	+ha na	arcanal information
I understand and accept this ag provided by me on this form in		_	-	-		
communication or marketing.		•				
by us for managing healthcare	information, servi	ices and communications o	nly. I un	derstand that it is o	our res	sponsibility to provide
adequate security to protect pe	ersonal and sensit	cive information located on	our prer	nises.		
I understand that software sup	port covers Medic	cal-Objects products and se	rvices o	nly. I agree to the N	∕ledica	l-Objects terms and
conditions found at www.medi				-		
errors and to provide feedback	directly.					
Name						
Signature				Date		