

Practice Details			
Practice Name			
Street Name			
City		Postcode	
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?	Medical-Objects <input type="checkbox"/> IT Support Contact <input type="checkbox"/>	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 Leopard): _____	
Clinical system (e.g MD, Best Practice, Genie, PPMP): _____			



To Get ready for eHealth Interoperability. Please complete the section below:

Please indicate which of the below items your practice has available (If any)			
NASH Certificate (Practice)	<input type="checkbox"/>	Individual PKI Access to HPOS (Health Professional Online Services)	<input type="checkbox"/>



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MO USE ONLY: Email CTS@mater.org.au to notify when complete.

