



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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Australia's Fastest Secure Messaging

FOR Medical-Objects use only: Please email register@histolab.com.au to notify when site is installed

