



P.O. Box 5048 Maroochydore B.C. 4558  
 Phone: 07 5456 6000. Fax: 07 3221 0220  
 Email: [register@medical-objects.com.au](mailto:register@medical-objects.com.au)

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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**FOR Medical-Objects use only:** Please email [Debbie@histolab.com.au](mailto:Debbie@histolab.com.au) & [Andrew@histolab.com.au](mailto:Andrew@histolab.com.au) to notify when site is installed

