**Promedicus.net Secure Email Questionnaire**

Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you already using Promedicus.net for downloading results?**

* **Yes** - Please fill out ***this page only***
* **No** – Please fill out ***both*** pages

Please list all the doctors that wish to receive reports:

|  |  |  |  |
| --- | --- | --- | --- |
| Doctors Name | GP/Speciality | Provider number | |
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| TERMS OF ACCEPTANCE OF NOMINATION I/We, the Practice named above, accept your nomination that I/we be appointed as a registered user of the Promedicus.net Secure Email System. I/we understand that this will require my/our agreement to install the Promedicus.net Client Software on my/our computer. I/we understand that I/we may either accept or reject the installation and acceptance will be on the terms of the “Licence Agreement for Use of the Promedicus.net Secure Email System by Nominated Recipient”. I/we agree that any person who installs the Promedicus.net Client Software on my/our computer does so as my/our agent on my/our behalf. These terms may be viewed by accessing <http://www.promedicus.com.au/terms.php> or by reading the licence agreement displayed when installing the “software" | | |
| **Signature:**  (Authorised signatory of Practice named above) | Name of Signatory: | |
| Title: | Date: | |

Please email this questionnaire to:

***or***

Fax this questionnaire to :

Do you have a Technical Contact for your practice? Yes r No r

Technical Contacts name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technical Contact’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Operating System does the computer you intend to install our software on use?

Windows r Server r 10 r 11

r Apple OS, Version : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

r Server Version: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Local Area Network (LAN) in the practice? r Yes r No

If YES:

How many computers on the LAN can access the internet simultaneously?

r 1 r 2 or more How many? \_\_\_\_\_\_\_\_\_\_\_\_

What clinical software package do you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **Yes, I would like to download the software. Please contact me with my username and password.** |
|  | URL for download: <http://www.promed.com.au/support/support-files> |
|  | **No, I want Promedicus.net support to call my technical contact or practice contact and do a remote install via TeamViewer** |