



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	e fill c	out <i>this</i>	page	only
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No – Please fill out **both** pages

Please list all the doctors that wish to receive reports:

Doctors Name	GP/Speciality	Provider number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

12.

TERMS OF ACCEPTANCE OF NOMINATION

I/We, the Practice named above, accept your non user of the Promedicus.net Secure Email System agreement to install the Promedicus.net Client Soft I/we may either accept or reject the installation and Agreement for Use of the Promedicus.net Secure agree that any person who installs the Promedicus so as my/our agent on my/our behalf. Th http://www.promedicus.com.au/terms.php or by r installing the "software" Signature:	 I/we understand that this will require my/our ware on my/our computer. I/we understand that acceptance will be on the terms of the "Licence Email System by Nominated Recipient". I/we s.net Client Software on my/our computer does lese terms may be viewed by accessing
(Authorised signatory of Practice named above)	Name of Signatory:
Title:	Date:

Please email this questionnaire to:

or

Fax this questionnaire to :





-	a Technical Contact ntacts name: ntact's Email:				
Telephone Nu	umber:		_Fax:		
What Operati	ng System does the	computer you inte	nd to install	our software or	n use?
Windows 🗖 S	erver 🗖 10 🗖 11				
	Apple OS, Ver	sion :			
	□ Server Versior	1:			
Do you have a	a Local Area Networ	k (LAN) in the prac	ctice?	🗖 Yes	🗖 No
If YES:					
How many co	omputers on the LAN	can access the int	ternet simul	aneously?	
□ 1	2 or more	How many?			
What clinical	software package do	you use?			
	ould like to download download: <u>http://www.p</u>			•	rname and passw

No, I want Promedicus.net support to call my technical contact or practice contact and do a remote install via TeamViewer