**Secure E-mail Questionnaire**

Please complete and return **both** pages:

|  |  |
| --- | --- |
| Practice Name:  |  |
|  |  |
| Practice Address:  |  |
|   |  |
| Practice Email Address:  |  @ |
|  |  |
| Practice Contact:  |  |
|  |  |  |  |
| Telephone No.:  |  | Fax Number:  |  |
|  |  |  |  |
| Do You already have a Promedicus.net connection? | Yes |  |  | No |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you have a Technical Contact for your practice?  | Yes |  |  | No |  |  |
|  |  |
| Technical Contact’s Name:  |  |
|   |  |
| Technical Contact’s Email Address: |  @ |
|  |  |
| Telephone No.:  |  | Fax Number:  |  |

|  |
| --- |
| What operating system does the computer you intend to install our software on use?  |
|  |  |
| Windows:  | 2003 |  |  | Windows 8 |   |  | Windows 10 |  |  | Windows 10 |  |  | 2016/2019 |  |  |
|  |
| Mac OS:  |  | Version: |  |  |
|  |  |
|  |
| Do you currently have a working internet connection?  | Yes |  |  | No |  |  |
|  |
|  |
|  |
| Practice Clinical Software Package:(e.g. Medical Director, Genie, Best Practice) |  |  |

**Secure E-mail Questionnaire Continued**

Please list **all** the Doctors that will be collecting reports from your practice:

(Please print **clearly** in block letters)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Doctors Name |  | Specialty |  | Provider No. |
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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](http://www.promedicus.com.au/terms.html) or by reading the licence agreement displayed when installing the “software". |
| Signature: (Authorised signatory of Practice named above) | Name of Signatory: |
| Title: | Date: |

Please return this questionnaire to: rdsupport@promedicus.com.au

Alternatively, you may fax this questionnaire to Promedicus.net Customer Support Team 03 9429 9455

Installation options:

|  |  |  |
| --- | --- | --- |
|  |  | I would like to download the software and have my technical contact perform the installation |
|  |
|  |  | I would like to have Promedicus contact the practice contact to perform the installation  |
|  | remotely via Team Viewer |
|  |
|  |  | I would like to have Promedicus contact the practice contact to guide them through the install |
|  |

Please contact Promedicus when you are ready to install.