**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: | |  | | | | |

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| 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 | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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](mailto: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.