



Promedicus.net Secure Email Questionnaire

| Practice Name: | | | | | |
|---|--|---|--|--|--|
| Practice Address: | | | | | |
| Practice email address: | | | | | |
| Practice contact: | | | | | |
| Telephone number: | Fax: | | | | |
| Are you already using Promedicus | s net for download | ling results? | | | |
| Yes - Please fill out this page only | | | | | |
| | y | | | | |
| lacksquare No – Please fill out both pages | | | | | |
| Please list all the doctors that wish to recei | ive reports: | | | | |
| Doctors Name | GP/Specialty | Provider number(s) | | | |
| 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 nomina Promedicus.net Secure Email System. I/we understan Promedicus.net Client Software on my/our computer. I installation and acceptance will be on the terms of the " Email System by Nominated Recipient". I/we agree that a on my/our computer does so as my/our agent on my https://www.promed.com.au/terms-of-use/ or by readir "software" Signature: (Authorised signatory of Practice named above) | nd that this will require my/o l/we understand that I/we may Licence Agreement for Use of any person who installs the Pro r/our behalf. These terms ma | ur agreement to install the y either accept or reject the the Promedicus.net Secure medicus.net Client Software ay be viewed by accessing | | | |
| Title: | Date: | | | | |

Please email this questionnaire to admin@aspectradiology.com.au once complete.





| Do you have | a Technical Contact f | for your practice? Yes □ | No □ | | | |
|---|---|-------------------------------|------------------|--------------------|--|--|
| Technical Co Technical Co Telephone N | ontacts name:ontact's Email: | Fax: | | | | |
| What Operat | ting System does the co | omputer you intend to install | our software on | use? | | |
| Windows | □8 □10 □11 | | | | | |
| OR | ☐ Windows Server Version: | | | | | |
| | ☐ Apple OS, Ver | sion: | | | | |
| Do you have | a Local Area Networl | k (LAN) in the practice? | ☐ Yes | □ No | | |
| If YES: | | | | | | |
| How many c | computers on the LAN | can access the internet simul | taneously? | | | |
| 1 | ☐ 2 or more | How many? | | | | |
| Which clinic | al software package fo | or viewing reports? | | | | |
| □ passw | ord. | ad the software. Please co | | ny username and | | |
| 1 1 7 | vant Promedicus.net emote install via Tear | support to call my technica | al contact or pr | actice contact and | | |