

Contact Vini Peris Phone: 0434 312 007 Email: vperis@carlislehealth.com.au

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 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: '95 '98 '98SE NT4 2000

Apple OS, Type: _____

Unix/Linux, Version: _____

Other: _____

Do you currently have a working Internet Connection? YES: NO:

Do you have a Local Area Network (LAN) in the Practice? YES: NO:

If YES:

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

Just the 1: 2 or more: How many: (_____)

What Medical Software do you use:.....

Version:

