

## 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) \_\_\_\_\_

