



Clinic Application form

Sonic Dx RESULTS

Please complete all fields for the application to be processed

DETAILS (This form should be completed by the Principle Doctor or Practice Manager)

Name _____

Address _____

Phone number _____ Mobile number (required) _____ IP address (required) ____ . ____ . ____ . ____

To confirm the IP address, please visit www.whatismyip.com

Email address (required) _____

STAFF DETAILS

Please list the staff who will be authorised contacts for the account. A single, generic account will be issued for use by multiple staff in the clinic.

Primary contact (please print name) _____

Mother's maiden name (security question) _____ Date of birth (security question) ____ / ____ / ____

Signature _____

Additional contact (please print name) _____

Mother's maiden name (security question) _____ Date of birth (security question) ____ / ____ / ____

Signature _____

Additional contact (please print name) _____

Mother's maiden name (security question) _____ Date of birth (security question) ____ / ____ / ____

Signature _____

DECLARATION - Please print and sign, before submitting this application

We accept full responsibility for maintaining the confidentiality of the information supplied to us by Douglas Hanly Moir Pathology and acknowledge that this information will be used only for ongoing patient care. We acknowledge that this account may be audited regularly for evidence that it is not being used in such a way that a privacy breach may occur. Should this occur, we understand that the account will be immediately deactivated and all incidents of breaches of privacy will be notified to the commissioner.

Principle Doctor authorisation

Name _____

Signature _____

Provider number _____

Date ____ / ____ / ____

When any authorised contact or medical practitioner leaves this clinic, a new application is required. Please keep a copy of this agreement.

Please complete this form and email to:

Client IT Department
DHM Pathology
14 Giffnock Avenue
Macquarie Park NSW 2113
E sonicdx@dhm.com.au
F (02) 9805 1781

Upon acceptance of the application, a unique username and password will be issued to access the service. An email containing the username will be sent to the nominated email address from sonicdx@dhm.com.au and an SMS will be sent with the password to the nominated mobile number.

For security reasons we are unable to send the password via email.