MediRecords Secure Messaging Application

THIS APPLICATION FORM IS SPECIFICALLY FOR USE TO APPLY FOR A MEDIRECORDS HEALTHLINK MESSAGING ACCOUNT. APPLICATIONS MADE USING THIS FORM WILL BE ASSOCIATED WITH THE HOST **EDI MEDIRCDS** AND CAN ONLY BE ACCESSED VIA THE MEDIRECORDS HOSTED APPLICATION

Please complete the Form below and return via Fax to **(07) 4401 5652** or email **request@healthlink.net**

Date: _____

Practice Name: _____

Practice Phone: _(__)_____ Practice Fax: _(__)_____

Address:_____

Contact Person: _____ Position:_____

Practice Email: _____

HPI-O: _____ Existing HealthLink Account (if known): _____

Clinical Software: **MEDIRECORDS**

Operating System: **HOSTED SYSTEM – ALIASED ACCOUNT TO EDI MEDIRCDS**

Doctor's Name	Provider Number	Speciality