

# Doctor Registration Form



Thank you for taking the time to help us work towards the future of patient health.

Simply complete the form and send it to **Fax 1300 704 431** or email [support@erx.com.au](mailto:support@erx.com.au)

<b>Practice Name:</b>	
<b>Practice Manager Name:</b>	
<b>Practice Email:</b>	
<b>Name of Doctors and Prescriber Number:</b>	<ul style="list-style-type: none"><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li></ul>
<b>Contact details of IT Support: (if applicable)</b>	
<b>Prescribing Software: (if changed)</b>	

I accept the Terms and Conditions as specified in the User Access Agreement, or I have the authority to accept the Terms and Conditions as specified in the User Access Agreement on behalf of the registrant.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_