# Pulse messaging registration form

**Practice Details:**

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| **Practice Nam**e:  Enter Practice Name  **Practice Manager Name:**  Click here to enter text.  **Practice Principal/s:**  Click here to enter text.  Click here to enter text. | **Practice Telephone:** Enter telephone number  **Practice Fax: Fax**: Enter Fax number  **Email**: Enter practice email | |
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**Clinical System Used:**  Click here to select practice clinical system

If practice clinical system not in list, type here: Enter practice clinical system if not in list above

**Preferred Contact Details for Software installation at Practice**

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| **Contact Name:** Click here to enter text.  **Contact Role: e.g. Practice Manager, ICT**  Click here to enter text. | **Contact Number**  Click here to enter text.  **Contact email:** Click here to enter text. |

**Current General Practitioners:**

**First Name: Last Name: Medicare Provider**

**Number:**

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Please return completed form to Western Health Gateway Project Officer: [luke.pell@wh.org.au](mailto:luke.pell@wh.org.au)