# 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