



# 'Fetch' Installation Form

Practice Name: \_\_\_\_\_  
 Practice Email: \_\_\_\_\_  
 Practice Contact: \_\_\_\_\_

| <b>SKG Radiology Office Use Only:</b>       |       |
|---|-------|
| Script writing software:                    | _____ |
| Internet :                                  | _____ |
| Special requirements:<br>Clinipath notified | _____ |
| Scheduler/Install details:                  | _____ |

**Please list all the Doctors that will be collecting reports from your practice:**  
 (Please print clearly. This is how your provider inbox will be configured.)

| Doctor Name | Specialty | Provider No. |
|-------------|-----------|--------------|
| _____       | _____     | _____        |
| _____       | _____     | _____        |
| _____       | _____     | _____        |
| _____       | _____     | _____        |
| _____       | _____     | _____        |
| _____       | _____     | _____        |
| _____       | _____     | _____        |
| _____       | _____     | _____        |
| _____       | _____     | _____        |
| _____       | _____     | _____        |

**Please ensure that you notify SKG Radiology of any new doctors starting at your practice as the need arises**

**TERMS OF ACCEPTANCE**

I/We, the Practice named above, accept your nomination that I/we be appointed as a registered user of the Fetch or Webster Secure Email System. I/we understand that this will require my/our agreement to install the Fetch or Webster Client Software on my/our computer. I/we understand that I/we may either accept or reject the installation and acceptance will be on the terms of the "Licence Agreement for Use of the Fetch or Webster Secure Email System by Nominated Recipient". I/we agree that any person who installs the Fetch or Webster Client Software on my/our computer does so as my/our agent on my/our behalf. These terms may be viewed by reading the licence agreement displayed when installing the "software"

|                  |                                     |
|------------------|-------------------------------------|
| Signature: _____ | Name of Authorised Signatory: _____ |
| Title: _____     | Date: _____                         |

**Please fax this form to 08 9321 2056**