

## Health Elixir Software Ltd Link Secure Messaging **Secure Messaging Application Form**

This application form is specifically for use to apply for an Elixir Healthlink Messaging Account. Applications made using this form will be associated with the host EDI elixirnz and can only be accessed via the Elixir Hosted Application.

Please complete this form and return via email to newuser@healthlink.net

Date:		
Practice Name:		
Practice Phone:		
Practice Email:		
Address:		
Contact Person:		Contact Position:
Existing HealthLink Account (if known)		
<b>ELIXIF</b>	Clinical Software:	Elixir Software LTD
ELIXII	Operating System:	Hosted System – Aliased Account to EDI elixirnz

Provider or Doctors Name	NZMC or professional registration number	Speciality