


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:	<input type="text"/>		
Practice Name:	<input type="text"/>		
Practice Phone:	<input type="text"/>		
Practice Email:	<input type="text"/>		
Address:	<input type="text"/>		
Contact Person:	<input type="text"/>	Contact Position:	<input type="text"/>
Existing HealthLink Account (if known)	<input type="text"/>		
	Clinical Software:	<input type="text" value="Elixir Software LTD"/>	
	Operating System:	<input type="text" value="Hosted System – Aliased Account to EDI elixirnz"/>	

Provider or Doctors Name	NZMC or professional registration number	Speciality