



WEBSTER - APPLICATION FOR ON-LINE ACCESS

I hereby apply for the secure results enquiry facility 'Webster' to access the services of Queensland X-Ray and Sullivan Nicolaides Pathology. I understand that I will be bound by the terms and conditions of service, which I will either accept or not accept, when I access the service for the first time.

SURNAME: _____

GIVEN NAME: _____

(First Name & Initial)

PROVIDER No.: _____ SPECIALITY: _____

In the event that you forget your username and password, we need to confirm your identity. Please answer the question below for our records:

What is your Date of Birth? _____

CLINIC NAME: _____

STREET NUMBER: _____ STREET NAME: _____

SUBURB: _____ POST CODE: _____

PHONE No.: _____ MOBILE No.: _____

APPLICANT'S Signature: _____ Date: ____ / ____ / ____

I require access to: Queensland X-Ray Sullivan Nicolaides Pathology

Please complete the form in block letters and return to **Client IT Services, Sullivan Nicolaides Pathology, Taringa** in the Attached envelope sealed.

Upon receipt of this form you will be allocated a unique username and password to access the service. A covering letter containing this information and how to access the service will be returned you.

Office Use Only

Webster Username	
SNP account created	
QXR account created	
DMZ account created	
Created by	
Checked by	