



Secure E-mail Questionnaire

Please complete and return both pages.

Liaison: _____ **Phone:** _____ **Email:** _____

Practice Name: _____

Practice Address: _____

Practice Email Address: _____ @ _____

Practice Contact: _____

Telephone No.: _____ Fax Number: _____

Do you have a Technical Contact for your practice? YES: NO:

Technical Contact's Name: _____

Technical Contact's Email Address: _____ @ _____

Telephone No.: _____ Fax Number: _____

What Operating System does the computer you intend to install our software on use?

Windows: '95 '98 '98SE NT4 2000

Apple OS, Type: _____

Unix/Linux, Version: _____

Other: _____

Do you currently have a working Internet Connection? YES: NO:

Do you have a Local Area Network (LAN) in the Practice? YES: NO:

If YES:

How many computers on the LAN can access the Internet simultaneously?

Just the 1: 2 or more: How many: (_____)

If 2 or more: What utility do you use in order to share the Internet Connection?

Windows 98SE/2000 Internet Connection Sharing:

Win Gate, Version _____

Other: _____

Script writing software: _____

