

Liaison: _____ Phone: _____ Email: _____

Secure E-mail Questionnaire

Please complete and return both pages.

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: _____

