

Thank you for making enquiries regarding Tonic Media Network and the services we provide. By completing the information below we are able to assess your application against our network qualification guidelines. This information will not be shared with ANY third parties. We look forward to the possibility of working with you.

**ACCOUNT DETAILS:**

Practice/Organisation Name: \_\_\_\_\_

Trading as: \_\_\_\_\_ (the Practice/Organisation)

Manager/Primary Contact Name: \_\_\_\_\_ ACN/ABN: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ADDRESS(ES) WHERE TONIC PRODUCTS WILL BE DISPLAYED (IF DIFFERENT TO THE ABOVE DETAILS):**

Street Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**TECHNICAL DETAILS:**

For the Tonic service to function correctly, specific outbound internet access is required. **Please check this box** to provide authorization for Tonic to communicate service requirements to your IT provider & for them to configure accordingly. \_\_\_\_\_

IT Provider Business Name: \_\_\_\_\_

Primary IT Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**OTHER DETAILS:**

Opening Hours: Mon: \_\_\_/\_\_\_ Tue: \_\_\_/\_\_\_ Wed: \_\_\_/\_\_\_ Thurs: \_\_\_/\_\_\_ Fri: \_\_\_/\_\_\_ Sat: \_\_\_/\_\_\_ Sun: \_\_\_/\_\_\_

How many **full-time** GP/Pharmacists? \_\_\_\_\_ How many **part-time** GP/Pharmacists? \_\_\_\_\_Which **language** including English is most spoken by your Patients, and what % do you estimate they are of your total Patients:**ENGLISH** % of Patients: \_\_\_\_\_% Language 1: \_\_\_\_\_ % of Patients: \_\_\_\_\_%

Language 2: \_\_\_\_\_ % of Patients: \_\_\_\_\_% Language 3: \_\_\_\_\_ % of Patients: \_\_\_\_\_%

**INFORMATION PACKS:**

Would you like free A4 information packs, containing health and wellbeing news, to share among the GP/Pharmacist(s)?

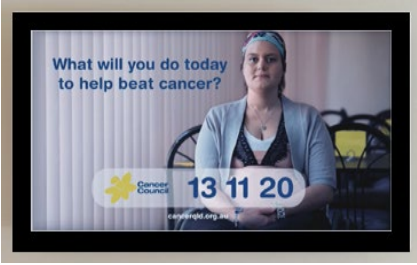


Would you prefer free A4 information packs, containing health and wellbeing news, 1 pack per GP/Pharmacist?

Would you like to receive free health relevant sample packs, to share among the GP/Pharmacist(s)?

Would you prefer to receive free health relevant sample packs, 1 pack per GP/Pharmacist?

How did you hear about Tonic? \_\_\_\_\_

**TONIC PRODUCTS YOU ARE INTERESTED IN OBTAINING**

<input type="radio"/> <b>myDr TV</b> Qty: _____ <input type="radio"/> <b>32" Television</b> (3-year Term) <input type="radio"/> <b>43" Television</b> (4-year Term) <input type="radio"/> <b>50" Television</b> (5-year Term) <p>Full sound and subtitle health and wellbeing content TV. Standard myDr TV size is 43". Smaller or larger screens may be installed dependent on waiting room size. Contract term may be defined by the size selected.</p> 	<input type="radio"/> <b>Pharmacy</b> Qty: _____ <input type="radio"/> <b>32" Television</b> (3-year Term) <input type="radio"/> <b>43" Television</b> (4-year Term) <p>Pharmacy focused health and wellbeing content TV displaying silent slide content. Standard Tonic Pharmacy TV size is 32". Smaller or larger screens may be installed dependent on Pharmacy size. Contract term may be defined by the size selected.</p> 	<input type="radio"/> <b>myDr Brochure Board</b> Qty: _____ <p>myDr branded brochure board displayed in waiting room containing print brochures and A3 print posters.</p> 
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If you have selected the **myDr TV** or **myDr Brochure Board** products, please fill in the following required survey.

**Approximately how many patients attend the Practice each week?**

Up to 250     
  500 – 750     
  1000 – 1500     
  2000 – 3000  
 250 – 500     
  750 – 1000     
  1500 – 2000     
  Over 3000

**Approximately what percentage of patients belong to each age group?**

Children under 5 years of age: \_\_\_\_\_%      Children 5 years to 12 years: \_\_\_\_\_%  
 Adolescents 11-19 years: \_\_\_\_\_%      Adults 20-39 years: \_\_\_\_\_%  
 Adults 40-60 years: \_\_\_\_\_%      Seniors 61+ years: \_\_\_\_\_%  
 Estimated % of patients Bulk Billed: \_\_\_\_\_%      Estimated % of Private Patients: \_\_\_\_\_%  
 Estimated % of Health Care Card holders: \_\_\_\_\_%      Estimated % of DVA Patients: \_\_\_\_\_%

**What Allied Health Professionals or Medical Specialists Practice from the same building: (Please tick the appropriate services)**

<input type="checkbox"/> Practice Nurse	<input type="checkbox"/> Indigenous Health Specialist
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Dermatology
<input type="checkbox"/> Aesthetics	<input type="checkbox"/> Optometry
<input type="checkbox"/> Audiology	<input type="checkbox"/> Osteopathy
<input type="checkbox"/> Chinese Medicine	<input type="checkbox"/> Paediatrics
<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Pathology
<input type="checkbox"/> Dental	<input type="checkbox"/> Pharmacy
<input type="checkbox"/>	<input type="checkbox"/> Physical Therapist
<input type="checkbox"/>	<input type="checkbox"/> Physiotherapy
<input type="checkbox"/>	<input type="checkbox"/> Podiatry
<input type="checkbox"/>	<input type="checkbox"/> Psychiatry
<input type="checkbox"/>	<input type="checkbox"/> Psychology
<input type="checkbox"/>	<input type="checkbox"/> Radiology
<input type="checkbox"/>	<input type="checkbox"/> Social Work

Allied/Specialist Name : \_\_\_\_\_ Email Address : \_\_\_\_\_  
 Allied/Specialist Name : \_\_\_\_\_ Email Address : \_\_\_\_\_  
 Allied/Specialist Name : \_\_\_\_\_ Email Address : \_\_\_\_\_

*(Please attach additional as required)*

RESET FORM

TONIC HEALTH MEDIA LIMITED

SUBMIT

Level 7, Suite 702, 10-14 Waterloo Street, Surry Hills, NSW, 2010

ABN: 48 147 968 885