

Clinic-One Registration Form

Completed forms to be emailed to info@healthcraft.co.za or faxed to 086 547 9702

Pharmacy Details			
Pharmacy name			
Service Type	Clinic-One		
Location Type	Pharmacy		
Address Line 1			
Address Line 2			
Address Line 3			
City			
Postal Code			
Telephone number			
Fax number			
email address			
Y Number (SAPC)			
Notes			
Add Users	User 1: (Owner or pharmacist)	User 2: (Nurse)	User 3: (Nurse) if required
First Name			
Surname			
email address			
Service Type	Clinic-One	Clinic-One	Clinic-One
Start Date			
Notes			

Tick the box:

I would like to take advantage of the Clinic-One introductory offer*.

**A license agreement will be forwarded prior to commencement.*

SIGNATURE:
NAME:
DATE:
POSITION: