

Please complete the form below and return it with your direct debit instruction form.

<u>Modules</u>	<u>Please tick</u>
Core System (this includes one practitioner diary) (+ 10p per SMS or 5p per email for scheduled communications)	<input checked="" type="checkbox"/>
Recall	
Clinic Notes	
Practice Income	
Marketing	
Expenditure logging	
On-Line Booking (+10p per online booking made)	
<u>Clinics, diaries and non-clinical staff</u>	<u>Please provide number</u>
Total number of clinics that you own with two or more practitioners that you would like to use PracticePal in	
Total number of non-clinical staff across all of your clinics (e.g. receptionists who will need access to the system but no diary of their own)	
Total number of Practitioners across all of your clinics that you would like a diary for	No. Full time = No. Part Time = (NB - Part time = 2 days or less per week)

For more details and pricing, please visit www.practicepal.co.uk

Please provide the following information for us to contact you regarding your PracticePal account:

Email address: _____

Name of main Contact: _____

Telephone: _____

Business Name: _____

NB - The additional fees for online booking, scheduled emails or SMS are charged monthly in arrears