

Optional Bluebird Service Application Form

Bluebird is a free of charge service which enables you to check your laboratory results online from any computer anywhere in the world

There are no costs to the end user associated with this browser based service.

Simply complete the form and fax it to 0866 70 80 74 and a username and password will be sent to you by sms.

InitialsSurname		(please print)	
HPCSA No	Practice Number		
Practice Phone	Cel Phone	100 A C C C C C C C C C C C C C C C C C C	
Email address			
Which Laboratory service/s do you use?	<u> </u>		
and Password could jeopardize the privacy of pat your responsibility. By signing this form you agre use thereof and you indemnify IntelMS (Pty) Ltd access to your practice and / or patient informatio Because IntelMS (Pty) Ltd takes the confidentialithe following: 1) To ensure the confidentiality of the Password safeguarded and neither easily accessible nor dis 2) To ensure, when using any public computer, the 3) To ensure that any medical staff to whom yo patient privacy particularly as far as the protection 3) To read and accept the terms of the license accessing the service. 4) To change the initial password issued by Intell	tient information. The safekeepinge to be solely responsible for the and hold it harmless against anyon. Ity of patient information very served at all times, and to ensure the sclosed to anyone other than trust hat, after logging out of Bluebird's built give access understand and an and safeguarding of passwords agreement (particularly the pormaticularly the pormaticular the safety that the provided the safety that the safety	s web service, the browser application is closed.	is ny ed to ely of
Signature Subscriber:		Date:	
If you have Partners/ Associates who Partners/Associates must complete a	would like to access the and sign this section.	eir results on your account then your	
Partner's / Associates details:			
initials	Surname	(please print)	
HPCSA No.	Practice No		
Practice Phone.	Cellular Phone		
Email address			
I hereby instruct Bluebird to arrange for above Bluebird Web Account:	my clinical reports (especia	ally pathology reports) to be forwarded to the	3
Partner/ Associate's Signature:		Date:	