



# Data merge request form



**Practice information:** Please provide details about the practices being merged.

	Practice name	Physical address/ contact details	Name of practice owner/ authorised signatory	Signature of practice owner/ authorised signatory
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Database size:** Please provide database size. Tip: Check the "data" folder in your Medtech installation.

	Practice name	MT32.IB	BLOB.IB	InterBase Version	MT32 Version
Practice 1	<input type="text"/>	<input type="text" value="GB"/>	<input type="text" value="GB"/>	<input type="text"/>	<input type="text"/>
Practice 2	<input type="text"/>	<input type="text" value="GB"/>	<input type="text" value="GB"/>	<input type="text"/>	<input type="text"/>
Practice 3	<input type="text"/>	<input type="text" value="GB"/>	<input type="text" value="GB"/>	<input type="text"/>	<input type="text"/>

**Please note:**

Data can only be merged between practices running on InterBase 2009 or InterBase 2011. Both sites must be on the same version of InterBase and Medtech32.

**Additional questions:**

Will there be a NEW Company/Practice setup in the process of this merge? If yes, please provide details.

Which database will be the main default database? (Write practice name)

Will any of the listed practices close down after the merge? (Write practice/s name/s)

Do you need additional licences? How many? Alternatively, do you wish to merge licences?

Will each practice/location remain separate physical/financial locations? (Please give details.)

Do you want to bring across the account balances from the merging/secondary practice?





### Connected Care utilities

Is your practice currently using ManageMyHealth™, shared eHR, Beating the Blues, SMS or any other Connected Care utility?

### Duplicate records

A database merge does not automatically combine duplicate patient records. You may request that a quote for this service be provided during the Trial Merge.

Tick the box to request a quote for the joining of duplicate patient records.

### Choose an appropriate time for the merge

Preferred dates for the merge. Please note that we require approximately 4 weeks' lead time.

Preferred date 1

Preferred date 2

Please specify whether you prefer for the merge to occur during business hours or over the weekend. All data is read-only while the live merge takes place.

### Technician assigned to sites

	Technician name	Phone number	Email address
Technician for practice 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technician for practice 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technician for practice 3	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Payment Details

Who will be paying for the Extract?

Phone:

Email address:

### Further notes

Please print out the Registration for each practice you are merging by going to the **Help Menu** and choosing **Register** then **Print**.

Please email this form to [support@medtechglobal.com](mailto:support@medtechglobal.com) and we will be in contact regarding a quote and timelines. If you have any queries, please contact Medtech Ltd on (0800) 26 33 832.

The Product Implementation Manager will be in contact regarding a quote and timelines.

### Signature authorisation

	Signature for each practice	Date
Signature for practice 1	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>
Signature for practice 2	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>
Signature for practice 3	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

