# Information required for user and practice setup on iRIS IOP Referral Refinement Software

## Practice Details

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| --- | --- |
| Practice Name: |  |
| Address Line 1: |  |
| Address Line 2: |  |
| Address Line 3: |  |
| Address Line 4: |  |
| Address Line 5: |  |
| Postcode: |  |
| Reception/Booking Telephone: |  |
| Reception/public Email: |  |
|  |
| Opening hours: (For referral refinement bookings) |  |
| Mobility Access: Yes or No |  |
|  |
| Optometrist Name: (Will have administrator access) First Last |  |
| Optometrist Private Email Address: (Used for password retrieval) |  |
| Optometrist Mobile Telephone: |  |

## User Details

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| --- | --- |
| Role – (Receptionist or Optometrist) |  |
| First Name: |  |
| Last Name: |  |
| Telephone(s): |  |
| Email(s): (Do not use shared email, as this is for password retrieval) |  |
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