

HealthLink



User Guide

25.02.2026 MD

# HealthLink SmartForms for Medical Director Clinical

Welcome to HealthLink SmartForms. The smartest way for health professionals to refer their patients to Grampians Health.



Your practice must be running Medical Director Clinical 3.16 or above to access the HealthLink SmartForms.

# Submitting eReferrals from Medical Director Clinical

## Using HealthLink SmartForms

SmartForms enable **Medical Director** users to easily refer and engage with all HealthLink SmartForm service providers including Grampians Health, NSW LHDs, Transport for NSW and My Aged Care.

SmartForms are designed to speed up the service you can provide for your patients. They give you confidence that your form has been securely delivered to the service provider, and a copy has been saved to your Practice Software.

Step 1:  
**Accessing HealthLink SmartForms (eReferrals)**

Step 2:  
**Launching a new form**

Step 3:  
**Completing the form**

Step 4:  
**Previewing, Submitting and Parking**

Step 5:  
**Accessing parked and auto-saved forms**

Step 6:  
**Accessing submitted forms**

Step 7:  
**What happens after a referral has been made?**

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### HealthLink Technical Support

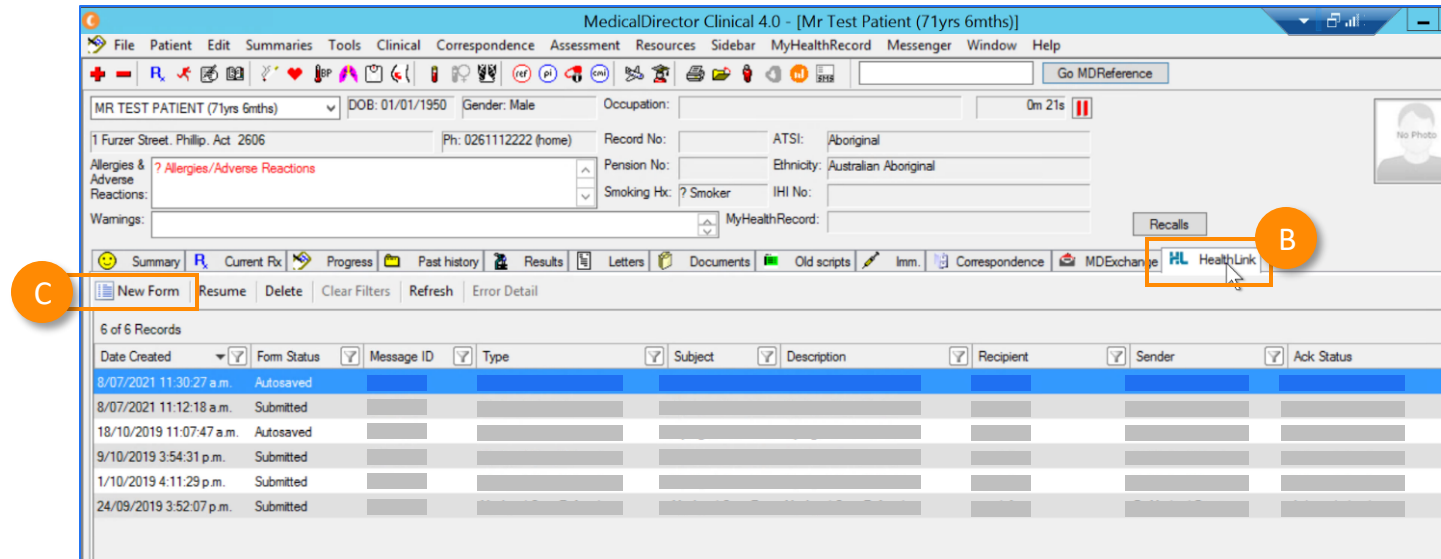
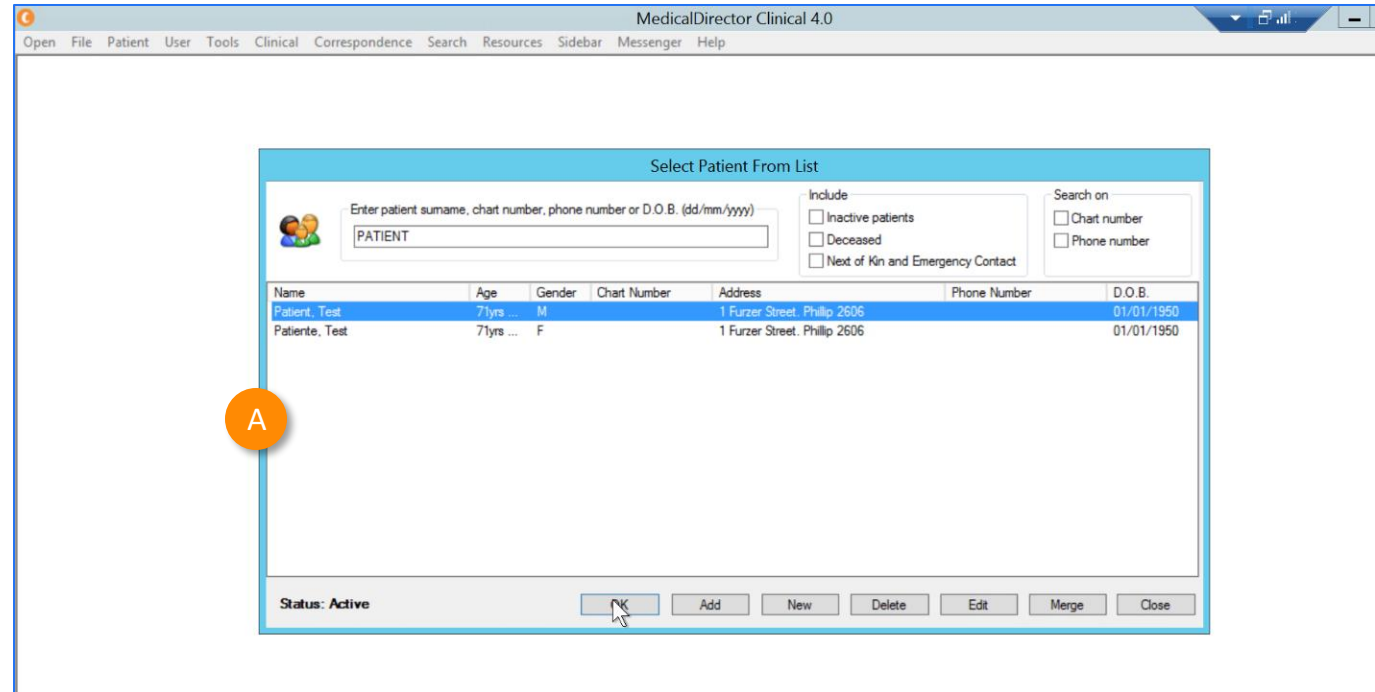
Email: [helpdesk@healthlink.net](mailto:helpdesk@healthlink.net)

Phone: 1800 125 036

# Step 1: Accessing HealthLink SmartForms (eReferrals)

To access the forms within your  
Medical Director software...

- A** First, search for the patient and open their electronic medical record.
- B** Then click the **HealthLink** tab.
- C** Now click on the **New Form** button to launch the **HealthLink** home page.



## Step 2: Launching a new form

Now you're on the HealthLink home page...

- A** Here you'll find a list of available services to refer patients.
- B** Within the **Referred Services** section, Click on the link named **Grampians Health**.

To launch the SmartForm, **Grampians Health** require you to then:

- C** • **select a specific service** and
- D** • **facility** (only if there's multiple facilities for that service)
- E** Then click **Continue** to launch the form.

For more information on Grampians Health referred services, go to: [www.gh.org.au/services](http://www.gh.org.au/services)

The screenshot displays the HealthLink PRO interface. At the top, there are navigation links for 'Create', 'Update', and 'Support', and the 'HealthLink | PRO' logo. Below this is a search bar for a directory, with a button for 'Specialists+Referrals Refer to Private Specialist' and a 'HL HealthLink Direct' button. The main content area is titled 'Referral Services' and contains a search bar and a list of services. A callout box highlights the 'Grampians Health' link, stating: 'The Grampians Health form can be used to send referrals to Grampians Health - Ballarat, enabling faster streamlined management of referrals. Using this form you will receive immediate confirmation of receipt by Grampians Health. Before referring to our services please visit Western Victoria Health Pathways <https://westvic.communityhealthpathways.org/> or <https://www.gh.org.au/services/specialist-outpatients-ballarat/> for conditions we treat.'

The bottom section shows the 'Grampians Health' form. It has a search bar for a service and a 'Facility' dropdown menu. A search for 'Gastroenterology' is shown, with a list of sub-services including 'Gastroenterology'. A 'Continue' button is visible in the top right corner of the form.

## Step 3: Completing the form

Now you've loaded the form to complete and submit.

**A** The SmartForm layout provides a consistent, easy-to-use tabular structure on the left, with the main action window on the right.

You'll notice SmartForms are **responsive**: They will pre-populate all available patient and referrer data and contain logic to request more specific patient information based on your selections.

**B** Mandatory Fields must be completed prior to submitting the SmartForm and are each highlighted with a red asterisk.

Grampians Health General Medicine - Grampians Health Ballarat

Requested Information General Medicine **Form has been auto-saved.**

Attachments / Reports: No reports selected, No files attached

Medications, Allergies, Alerts: 2 long term medications specified, 8 medications specified, No medical warnings specified

Medical, Social and Family History: Medical history specified

Patient Information **\***  
MICKEY HEATLEY  
8003602345688835  
17/12/1967

Referrer Information  
Sam Entwistle  
889843  
No Different Regular GP

Referred To\*: Dr Edward Ritchie

Referral Date\*: 19/02/2026

Referral Continuation\*:  New,  Amended referral/update previously sent referral,  Renew expired referral

Referral Period\*: Indefinite

Patient's preferred contact method\*: SMS

Interpreter Required\*:  Yes,  No

Does the patient identify as living with a disability / disabilities?:  Yes,  No

Is the patient an NDIS participant?:  Yes,  No

Additional Needs / Reasonable Adjustments Required\*:  Yes,  No

Does the patient have a carer / support person?:  Yes,  No

Is the patient appropriately equipped and enabled for Telehealth (video) consultation?:  Yes,  No

*I acknowledge that the patient has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care. The patient also consents to attend an MBS bulk-billed clinic if available.*

Patient Consent\*

Grampians Health General Medicine - Grampians Health Ballarat

Requested Information General Medicine **Form has been auto-saved.**

Attachments / Reports: No reports selected, No files attached

Medications, Allergies, Alerts: 2 long term medications specified, 8 medications specified, No medical warnings specified

Medical, Social and Family History: Medical history specified

Patient Information **\***  
MICKEY HEATLEY  
8003602345688835  
17/12/1967

Referrer Information  
Sam Entwistle  
889843  
No Different Regular GP

Date of birth\* **\*** 17/12/1967

Medicare/DVA Eligible\*  Yes,  No

Medicare number\* 6288253442

DVA number QX901226

Private health fund name

Name\* MICKEY Disney HEATLEY (Mmouse)

Gender\* Female

Patient's Indigenous status\* Neither Aboriginal nor Torres Strait Islander origin

Country of Birth

Residential Address  
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field  
95 Pitt Street, Apartment, Sydney, NSW, 2000

### Step 3: Completing the form

**C** It will also display a **warning** for some information taken from your Practice Management Software that needs reviewing.

For example, if a contact phone number does not include an area code.

**D** If you need more context on the questions, you can click on the **information icons**.



**Name\***  
MICKEY

**Gender\***  
Female

**Gender Identity**  
[Empty field]

**Residential Address**  
*Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field*

**Patient's Indigenous status\***  
Neither Aboriginal nor Torres Strait Islander origin

**Country of Birth**  
[Empty field]

**Patient Information**  
MICKEY HEATLEY  
8003602345688835  
17/12/1967

**Referrer Information**  
889843  
No Different Regular GP

**General Medicine**  
[Empty field]

**Patient's preferred contact method\***  
SMS

**Attachments / Reports**

**Interpreter Required\***  
 Yes  No

**Please confirm patient phone details are accurate when reviewing Patient Information tab.**

**Medical, Social and Family History**  
Medical history specified

**Patient Information**  
8003602345688835  
17/12/1967

**Referrer Information**  
889843  
No Different Regular GP

**Urgency\*** **i** ← **D**  
Routine: Greater than 30 days

**Referral purpose\***  
Please select

**Referral Details\***  
Browse for Consultation Notes

Please indicate the presenting problem or working diagnosis

**Urgency Information**

**High Priority**  
Referrals should be categorised as 'High Priority' if the patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life, if not managed promptly. An appointment should be scheduled within 30 calendar days of the referral being received and accepted for these patients.

**Routine**  
Referrals should be categorised as 'Routine' if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life, if specialist assessment is delayed beyond one month.

Ok

## Step 3: Completing the form

### Reason for referral

**E** In some forms there may be a drop down to select the referral purpose.

**Grampians Health** General Medicine - Grampians Health Ballarat

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**Requested Information** ⚠  
General Medicine

**Attachments / Reports**  
No reports selected  
No files attached

**Medications, Allergies, Alerts**  
2 long term medications specified  
8 medications specified  
No medical warnings specified

**Medical, Social and Family History**  
Medical history specified

**Patient Information**  
8003602345688835  
17/12/1967

**Referrer Information**  
889843  
No Different Regular GP

Referral Period\* Indefinite ▾

Patient's preferred contact method\* SMS ▾

**Please confirm patient phone details are accurate when reviewing Patient Information tab.**

Interpreter Required\*  Yes  No

Does the patient identify as living with a disability / disabilities?\* No ▾

Is the patient an NDIS participant?\* i  Yes  No

Additional Needs / Reasonable Adjustments Required\*  Yes  No

Does the patient have a carer / support person?\*  Yes  No

Is the patient appropriately equipped and enabled for Telehealth (video) consultation?\* i  Yes  No

*I acknowledge that the patient has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care. The patient also consents to attend an MBS bulk-billed clinic if available.*

Patient Consent\*

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**Referral Guidelines**

Please supply all relevant information with the referral as per the guidelines in the relevant [HealthPathways](#) and [Optimal Care pathways \(cancer pathways\)](#)

Urgency\* i Routine: Greater than 30 days ▾

Referral purpose\* **E**

Referral Details\* [Browse for Consultation Notes](#)

Please indicate the presenting problem or working diagnosis

Additional information

Please include social history, patient services and any other relevant information

✓ Please select

- Establish a diagnosis
- Provide clinical assessment
- Inform a treatment plan
- Partnership care
- Requesting specific tests or investigations
- Requesting treatments or an intervention

©HealthLink

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## Step 3: Completing the form

### Attachments

**F** The **Attachments / Reports** tab will give you access to all the supporting documents that you may wish to attach to the form.

**G** You can select any item from the **table** – showing you patient medical records captured from the **last six months**.

Or you can **browse for files...**

**H** • stored in your Practice Management Software by clicking the **Browse for Patient Document** button .

**I** **Note:** Make sure to update the date parameters if you want to see files that are older than 6 months.

**J** • **Or** in your local computer's file system by clicking the **Browse for Local File** button.

**Requested Information**  
General Surgery

**Attachments / Reports**

Medications, Allergies, Alerts

Medical, Social and Family History

**Diagnostic Reports / Patient Documents**

Browse for Patient Document (H)    Browse for Local File (J)

Attach file from EMR supports: gif, html, jpeg, doc, docx, pdf, txt, rtf, tiff  
Attach file from Computer supports files that end in types: doc, docx, gif, htm, html, jpeg, jpg, pdf, rtf, tif, tiff, txt  
Caution: larger attachments may take significant time to preview

<input type="checkbox"/>	Date	Name	Comments	Type	Size	
<input type="checkbox"/>	01/09/2021	File_123		rtf	80 KB	
<input checked="" type="checkbox"/>	01/10/2021	File_456		rtf	8 KB	
<input checked="" type="checkbox"/>	01/11/2021	File_789		rtf	90 KB	

**Diagnostic Reports / Patient Documents**

Browse for Patient Document    Browse for Local File

Please attach any relevant patient information (for example allied health assessments, wound care details, medication summaries and relevant medical summaries). This information will support your patient's assessment and service provision. Clinical information will be visible to all users with access to the patient's information.

Attach File

Name:

Date from: 08/01/2019    Date to: 08/07/2021    Search


Attach    Cancel

<input type="checkbox"/>	Date	Name	Comments	Type	Size
<input type="checkbox"/>	08/07/2021	File_One	Aged Care Referral	....	43 KB
<input type="checkbox"/>	09/10/2019	File_Two	Aged Care Referral	....	52 KB
<input type="checkbox"/>	01/10/2019	File_Three	Aged Care Referral	....	48 KB
<input type="checkbox"/>	24/09/2019	File_Four	Aged Care Referral	....	44 KB

## Step 3: Completing the form

Then click through the remaining Tabs on the left to ensure all the pre-populated patient information has been either selected, or de-selected, as appropriate to submit to the service provider.

All these features ensure you're providing a quality, and compliant submission every time, on behalf of your patients.


Gastroenterology - Grampians Health Ballarat

✔ Form has been auto-saved.

**Requested Information** ▲

Gastroenterology

**i** To help recipients assess the patient's medications, please provide the medication details in the Details column including the generic name, strength, brand name (where relevant) and form. You can update fields by clicking on it.

**Attachments / Reports**

No reports selected  
No files attached

**Medications, Allergies, Alerts** ▲

2 long term medications specified  
8 medications specified  
No medical warnings specified

**Long Term Medications** ⓘ

Date	Details	Instructions	
09/05/2014	hkl-aspirin 130 tab	1-2 once daily orally	✕
16/09/2013	Travatan Eye Drops 40mcg/mL Eye drops	1 nocte Instil 1 drop in each eye before retiring. Remove soft contact lenses before app	✕

**Medical, Social and Family History**

Medical history specified

**Patient Information** ▲

Patient's name  
8003602345688835  
17/12/1967

**Other Medications** ⓘ [Browse for More Medications](#)

Date	Details	Instructions	
09/05/2014	eye drop 2500 drops	daily	✕
09/05/2014	eye drop 2500 drops	prn with food	✕
09/05/2014	hkl-aspirin 130 tab	orally	✕
14/01/2013	Ceclor CD 375mg Sustained release tablets	1 mane	✕
09/01/2013	Ventolin CFC-free Inhaler 100mcg/dose Inhaler	As required	✕
17/08/2012	Accupril 5mg Tablets	1 bd	✕
04/05/2012	Panadeine Forte Tablets	2 every 4 hours	✕
14/02/2012	Roaccutane 10mg Capsules	1 with food	✕

**Referrer Information**

Referrer's name  
889843  
No Different Regular GP

**Medical Warnings**

<input type="checkbox"/>	Date	Description	Comments
No records found.			

**Clinical Medication Comments**

**Attachments / Reports**

No reports selected  
No files attached

**Medications, Allergies, Alerts** ▲

2 long term medications specified  
8 medications specified  
No medical warnings specified

**Medical, Social and Family History**

Medical history specified

**Patient Information** ▲

Patient's name  
8003602345688835  
17/12/1967

**Referrer Information**

Referrer's name  
889843  
No Different Regular GP

**Medical Practitioner Information**

**Medicare Provider Number\***

**Medical Registration Number**

**HPI-I**

**HPI-O**

**Name**

Full name

Referrer's name

**Practice name**

**Practice Address**

**Practice telephone\***

**Practice fax**

**Email**

**EDI\***

Patient has a different regular GP

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## Step 4: Previewing, Submitting and Parking

### Previewing

**A** You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.

**B** Whether you click **Preview** or **Submit**, if a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it.

Grampians Health Gastroenterology - Grampians Health Ballarat

Submit Preview Park Help

Requested Information: General Surgery

Medical Practitioner Information: Medicare Provider Number\* 0000000A, Medical Registration Number 123456, HPI-I, Name, Full name

Attachments / Reports

Preview, not submitted copy

Submit

Gastroenterology - Grampians Health Ballarat

Grampians Health

Patient: MICKEY HEATLEY (Mmouse), 58yrs, F, DOB 17/12/1967, PH: 0401 201 2011, Work 03 9 23423221, Home 03 9 53532221

Residential address: 95 Pitt Street, Apartment, Sydney, NSW 2000

Postal address: 9600 Pitt Street, Apartment, Sydney, NSW 2000

Referred by: Sam Entwistle, Millstone Family Practice, Prov. No. 889843, HPI-O 123456, HPI-I 8003611566661627, PH 03 9 358 0116, FAX 03 9 4433456

Clinical Referral Information

Referred To: Dr Timothy Elliot

Referral Date: 20/02/2026

Referral Continuation: New

Grampians Health Gastroenterology - Grampians Health Ballarat

Submit Preview

Requested Information **▲** Gastroenterology **✓** Form has been auto-saved.

Attachments / Reports No reports selected 1 file attached **▲** Please fix the following errors:

- Patient Consent is a required field

Medications, Allergies, Alerts 2 long term medications specified 8 medications specified No medical warnings specified

Medical, Social and Family History Medical history specified

Patient Information Patient's name 800360234568835 17/12/1967

Referrer Information Referrer's name 889843 No Different Regular GP

Referred To\* Dr Timothy Elliot

Referral Date\* 20/02/2026

Referral Continuation\* **i**  New  Amended referral/update previously sent referral  Renew expired referral

Referral Period\* Indefinite

Patient's preferred contact method\* SMS

Please confirm patient phone details are accurate when reviewing Patient Information tab.

Interpreter Required\*  Yes  No

Does the patient identify as living with a disability / disabilities?\*  Yes  No

Is the patient an NDIS participant?\* **i**  Yes  No

Additional Needs / Reasonable Adjustments Required\*  Yes  No

Does the patient have a carer / support person?\*  Yes  No

Is the patient appropriately equipped and enabled for Telehealth (video) consultation?\* **i**  Yes  No

I acknowledge that the patient has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care. The patient also consents to attend an MBS bulk-billed clinic if available.

Patient Consent\*

## Step 4: Previewing, Submitting and Parking

### Submitting

- C** When you are ready to send your form, click **Submit**.
- D** This will safely and securely send the form electronically via HealthLink, and you will see a copy of the completed form with a **date stamp**.

**A copy of the submitted form is saved directly to the patient file.**

- E** If you'd like to provide the patient with a copy, you can left-click the **Print** button or right-click anywhere on the submitted form and choose Print.

Grampians Health  
Gastroenterology - Grampians Health Ballarat

Submit Preview Park Help

Requested Information  
General Surgery

Attachments / Reports

Medications, Allergies, Alerts

Medical, Social and Family History

Patient Information

Medical Practitioner Information

Medicare Provider Number\*  
889843

Medical Registration Number

HPI-I  
8003611566681627

HPI-O  
123456

Name  
Full name Sam Entwistle

Practice name  
Millstone Family Practice

Practice Address

**D**

Form sent on 20/02/2026 09:34 AEST

Print

**E**

### Gastroenterology - Grampians Health Ballarat



**Patient:** Patient's name, 58yrs, F, DOB 17/12/1967, PH: 0401 201 2011, Work 03 9 23423221, Home 03 9 53532221

**Residential address:** 95 Pitt Street, Apartment, Sydney, NSW 2000

**Postal address:** same as residential address

**Referred by:** Referrer, Millstone Family Practice, Prov. No. 889843, HPI-O 123456, HPI-I 8003611566681627, PH 03 9 358 0116, FAX 03 9 4433456

**Referral date:** 20/02/2026 12:19 NZDT


#### Clinical Referral Information

Referred To:	Dr Timothy Elliot
Referral Date:	20/02/2026
Referral Continuation:	New
Referral Period:	Indefinite
Patient's preferred contact method:	SMS


## Step 4: Previewing, Submitting and Parking

### Parking

**F** And if you need more information to complete the form, you can **Park** the form to save what you've done so far and come back to it later.



**Gastroenterology - Grampians Health Ballarat**



Submit
Preview
Park
Help ▾

**Requested Information** ▲  
 Gastroenterology

✓

Form parked successfully. Please note that attachments selected from your PC need to be re-attached when resuming the parked form.

**Attachments / Reports**  
 No reports selected  
 No files attached

Referred To\* Dr Timothy Elliot ▾

Referral Date\* 20/02/2026

Referral Continuation\* 
 New  
 Amended referral/update previously sent referral  
 Renew expired referral

Referral Period\* Indefinite ▾

Patient's preferred contact method\* SMS ▾

Please confirm patient phone details are accurate when reviewing Patient Information tab.

Interpreter Required\* 
 Yes  No

Does the patient identify as living with a disability / disabilities?\* No ▾

Is the patient an NDIS participant?\* 
 Yes  No

Additional Needs / Reasonable Adjustments Required\* 
 Yes  No

Does the patient have a carer / support person?\* 
 Yes  No

Is the patient appropriately equipped and enabled for Telehealth (video) consultation?\* 
 Yes  No

*I acknowledge that the patient has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care. The patient also consents to attend an MBS bulk-billed clinic if available.*

Patient Consent\*

**Medications, Allergies, Alerts** ▲  
 2 long term medications specified  
 8 medications specified  
 No medical warnings specified

**Medical, Social and Family History**  
 Medical history specified

**Patient Information** ▲  
 Patient's name  
 8003602345688835  
 17/12/1967

**Referrer Information**  
 Referrer's name  
 889843  
 No Different Regular GP

## Step 5: Accessing parked and auto-saved forms

**A** To access parked or auto-saved forms, from the patient's record, select the **HealthLink** tab.

**B** From the available list, **double-click on the Parked or AutoSaved** form you would like to open.

**Note:** when returning to a parked or auto-saved form, due to security policy, any previously added attachments will need to be re-added.

**C** You can also use this area to see previously **submitted** forms.

MedicalDirector Clinical 4.0 - [Mr Test Patient (71yrs 6mths)]

File Patient Edit Summaries Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord Messenger Window Help

MR TEST PATIENT (71yrs 6mths) | DOB: 01/01/1950 | Gender: Male | Occupation: | 4m 7s

1 Furzer Street, Phillip, Act 2606 | Ph: 0261112222 (home) | Record No: | ATSI: Aboriginal

Allergies & Adverse Reactions: ? Allergies/Adverse Reactions | Pension No: | Ethnicity: Australian Aboriginal

Smoking Hx: ? Smoker | IHI No: | MyHealthRecord: | Recalls

Summary | Current Rx | Progress | Past history | Results | Letters | Documents | Old scripts | Imm. | Correspondence | MDEXchange | **HL HealthLink**

New Form | Resume | Delete | Clear Filters | Refresh | Error Detail

8 of 8 Records

Date Created	Form Status	Message ID	Type	Subject	Description	Recipient	Sender	Ack Status
8/07/2021 12:28:53 p.m.	Parked							
8/07/2021 12:16:15 p.m.	Submitted							
8/07/2021 11:30:27 a.m.	Autosaved							
8/07/2021 11:12:18 a.m.	Submitted							
18/10/2019 11:07:47 a.m.	Autosaved							
9/10/2019 3:54:31 p.m.	Submitted							
1/10/2019 4:11:29 p.m.	Submitted							
24/09/2019 3:52:07 p.m.	Submitted							

Website | Feedback | Help | Medical Certificate | Letter Template #2 | Letter Template #3 | Random Rad | Custom #2

Dr Medical Director (MD-Test HealthLink (Marketplace Partner)) | MD Live Data - UAT-MD-SVR\HCNSQL07 | Thursday, 8 July 2021 | 12

## Step 6: Accessing submitted forms

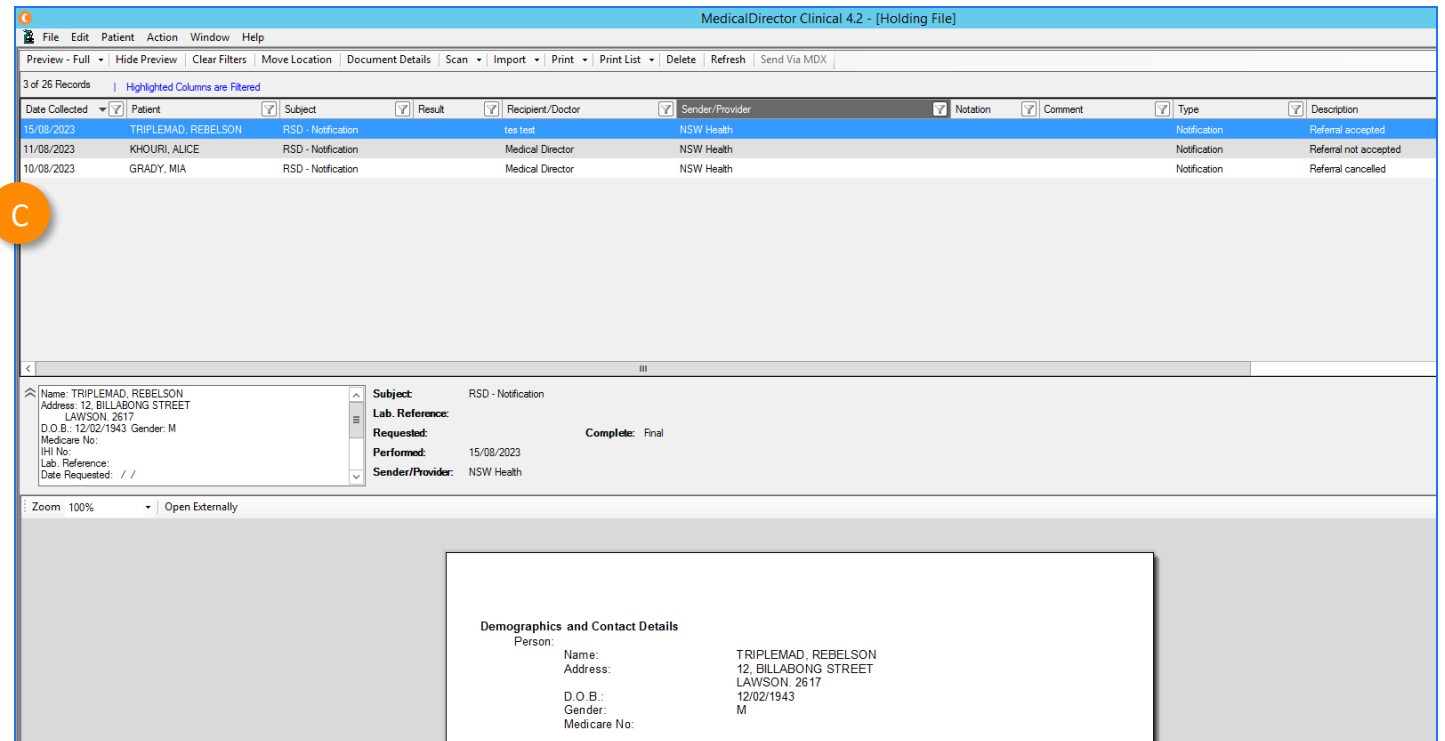
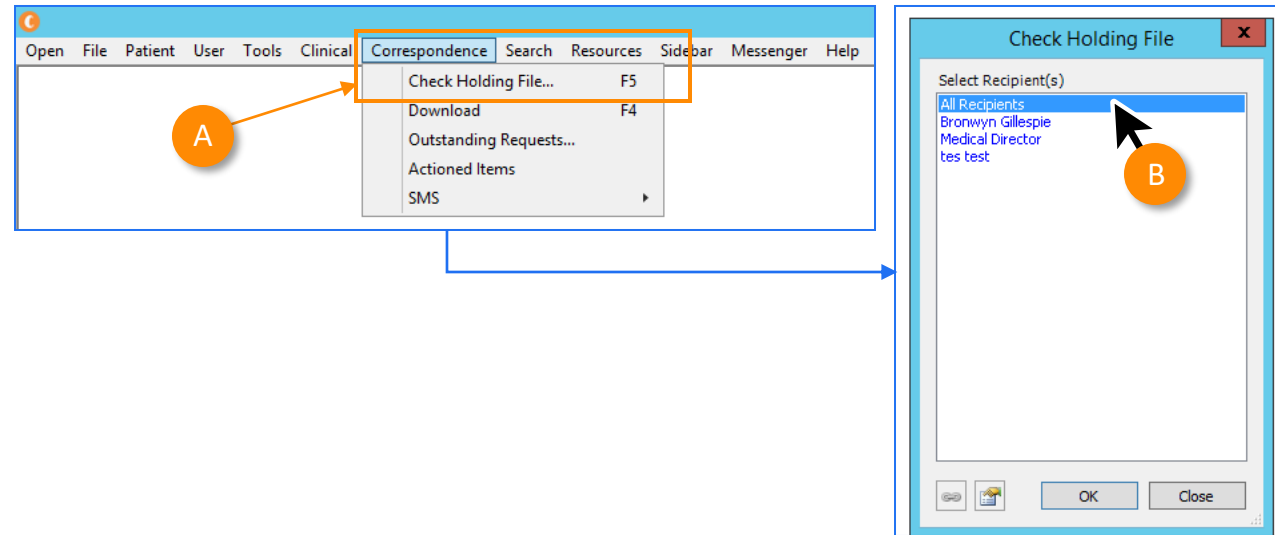
- A** A copy of the submitted form can be viewed by selecting the **Letters** tab
- B** and then **Double-clicking the submitted form**.
- C** Alternatively, if you have the preview panel enabled, simply click the **Open Externally** button on the letter preview.

The screenshot displays the MedicalDirector Clinical 4.0 interface for a patient named MR TEST PATIENT (71yrs 6mths). The patient's details, including DOB (01/01/1950), gender (Male), and address (1 Furzer Street, Phillip, Act 2606), are visible at the top. The interface includes a menu bar with options like File, Patient, Edit, and Clinical. A central pane shows a list of 5 records with columns for Date Created, Subject, and Description. A mouse cursor is positioned over one of the records, with a red circle 'B' indicating a double-click action. To the right, a preview panel shows a letter template with fields for patient name (MICKEY HEATLEY), address, and referral information. A red circle 'C' highlights the 'Open Externally' button in the preview panel. A red circle 'A' points to the 'Letters' tab in the top navigation bar. The bottom status bar shows the user is Dr Medical Director (MD-Test Healthlink) and the date is Thursday, 8 July 2021.

## Step 7: What happens after a referral has been made?

### Viewing incoming reports

- A** Click **Correspondence** from the menu and select **Check Holding File...**
- B** **Select Recipient(s)**: who the messages are addressed to e.g. Yourself or All Recipients.
- C** Here you can open and view incoming reports and allocate them to other users or to the patient.



## Helpdesk

Phone: 1800 125 036

Email: [helpdesk@healthlink.net](mailto:helpdesk@healthlink.net)

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

[www.healthlink.com.au](http://www.healthlink.com.au)

# HealthLink\*

HealthLink is part of Lanas, a global network of healthcare technology organisations operating across the United Kingdom, Ireland, New Zealand, Australia and India. Together, we work to deliver safer, more efficient and better-connected healthcare for everyone.