

Minfos Enhancement Request Form

Pharmacy Details

REQUESTED BY *Pharmacy / Group / Brand / 3rd Party Name* MINFOS ID DATE OF REQUEST

PHARMACY TYPE *Check all that apply.*

Pharmacy Multistore (Head Office) Warehouse
Other

CONTACT PERSON & DETAILS *Name & Email preferred. More than one, if needed.*

Enhancement Details

Your suggested enhancement New Feature Enhancement

What processes are you trying to support with this enhancement? Or what problems are you trying to solve?

Additional Notes

Click the Submit button to send this form to
Minfos Enhancements at enhancements@minfos.com.au