

LIS Healthcare Provider Setup Form

Effective Date: 5 October 2018

This document is applicable to laboratory personnel at: **All Sites**

Laboratory Information Systems Healthcare Provider Setup Form

****It is your responsibility to keep this information up to date; fax changes as soon as possible.***

Questions? Phone 780-342-8285

AHS Edmonton Zone Regional Data Editors

Complete this form to request the creation of a new health care provider code or to modify an existing code.

Fax completed form to: **AHS Edmonton Zone Data Editors at 780-342-8228**

Health Care Provider Information:

- Physician
 Midwife
 Dentist
 Pharmacist
 Nurse Practitioner

Last name: _____ **First name:** _____ **Middle Name:** _____

Practitioner ID (9 digit #): _____

- After Hours Contact Information** – Required as per CPSA Health Professionals Act Standards of Practice
 **A minimum of one after hours contact number is mandatory.

Phone Number 1: _____ Cell Home Pager

Phone Number 2: _____ Cell Home Pager

- New Health Care Provider code is required.**

Site name:	
Address:	
City, Province, Postal Code	
Phone:	Fax:

- Modification of Health Care Provider information is required.**

Effective date change:	Original site name:
Original address:	
New site name:	
New address:	
New phone number:	New fax number:

Date:	Initiator name:
	Phone:
	Fax:

To be completed by AHS EZ Data Editing

Physician Code _____ Maintenance Performed by _____ Date _____

Notification given to _____ via: _____ Date: _____ Initials: _____