

Request for Provider Set-Up in Health Information Systems

This form is designed to work with Adobe Reader. For accurate results SAVE it on a computer and then open the form. Completion guide: www.ahs.ca/assets/info/cis/if-cis-cc-completion-guide-ahs-reguest-for-provider-setup-his-form.pdf

Once completed this form can be submitted electronically using the Submit button (bottom page 2), or Printed and Faxed to ______ Scanned and emailed to ______

<form>NameContact Number/ EmailRequest type:</form>	Requestor/Contact (must be provider/prescriber or office manager)										
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Contact servicedesk.emrbis@ahs.ca_should you need to determine which data sources are currently set up at your clinic.

For information on each source's data, and when results are delivered by data source, visit the eDelivery website at <u>https://www.albertahealthservices.ca/info/Page15302.aspx</u>

For information on Results Routing, visit the Delivery of Results to Community-based Providers from Connect Care website at <u>https://www.albertahealthservices.ca/cis/Page17671.aspx</u>



Request for Provider Set-Up in Health Information Systems

Provider/Prescriber Information

PRAC ID	Connect Care Provider ID	Authorizing Provider Name - Last, First, Middle (preferred) e.g., Smith, Robert, Timothy (Bob)	Primary Location (Yes/No)	Critical Results Contact Number & Description - cell, PCN, etc. e.g., Mosaic PCN 999-999-9999	Secure Fax Number (if different from above)	If Locum, End Date