HEALTHCARE PROVIDER INFORMATION FORM

Fax completed form to: Calgary Laboratory Services (CLS) Data Integrity Team at 403-770-3235

Date:
Year Month Day

☐ **New Physician Location**	☐ **Office Relocation** (All patient files relocated with physician)	**Physician Practice/Office Closure** Call CLS Data Integrity Team at 403-770-3438 for CLS form #CSD2709

Healthcare Provider Name	(Last)	(First)	(Middle)
PRACID #			
☐ Physician(MD) List Speciality		☐ Podiatric Surgeon (DPM) ☐ Nurse Practitioner (NP) ☐ Midwife(RM)	
☐ Dentist (DMD) ☐ Pharmacist (RPh) ☐ Chiropractor (DC) ☐ Physiotherapist ☐ Other			
Building Name/Clinic Name Is this a home office? ☐ Yes ☐ No			
Address			
City, Province, Postal Code			
Office Phone			
Office Secure Fax Number			

After Hours Contact Information – Required as per CPSA Health Professionals Act Standards of Practice
IMPORTANT: minimum of one after hours contact number is mandatory

Answering Service Number	
Pager/Cell Phone Number	
Home Phone Number	

Report Distribution – Select one method of laboratory report distribution:

☐ Electronic Delivery to your EMR Facility ID: EMR Vendor

☐ ER4 Delivery Access Number

☐ Fax

☐ Paper

Authorized Signature		Title	Date

IMPORTANT: It is your responsibility to keep this information current. Fax any changes to the Data Integrity Team at 403-770-3235

For AHS Use Only
Organization/Facility Number: _____Provider Number: _____Route Stop ID: _____