



MED-HEALTH LABORATORIES LTD.
1216 Lawrence Ave West, Toronto, ON-M6A 1E2

Section: **General Policies - Forms**
 Document Name: New Account (Phy.) Blank form
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NEW ACCOUNT/CLIENT INFORMATION
(ONLINE HL7 SETUP ONLY)

Date: _____ Clinic Name: _____

Total Number of GP's: _____ Total Number of Specialists: _____

Current laboratory Servicing: _____

Physician's Complete Name	Billing Number	CPSO Number	Emergency Number (cell / home phone)

Address: _____

Phone #: _____ Fax: _____

Manager: _____ Technician: _____

Clinic E-Mail: _____

(Clinic Email is mandatory for communication with laboratory. If you are using non-corporate or non-domain email address, please do not transmit any patient personal information (PPI).

EMR Vendor: _____ If Telus PSS, Please provide Client ID: _____

EMR Vendor Contact Info: Name: _____ Number: _____

Email: _____

Please visit our website, www.mhlab.ca which offers the following services

- Check your results - Online Results Portal (Patient)
- Make payment – Patients can pay online.
- Book an appointment - for our nearest SCC

Above information will be used for the laboratory communication purpose only.

PLEASE WRITE N/A WHERE NOT APPLICABLE

PLEASE EMAIL THIS FORM BACK TO nitin@mhlab.ca OR FAX 416-256-2663