



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

Section: **General Policies - Forms**
 Document Name: New Account (Phy.) Blank form
 Status: Current
 Version: 1.0
 Authorization date: 29/10/2019

NEW ACCOUNT/CLIENT INFORMATION
(ONLINE HL7 SETUP ONLY)

Date: _____

Clinic Name: _____

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

Current lab Servicing:

Laboratory Name: _____

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 Oscar, please tell us service provider.

EMR Vendor Contact Info: Name: _____ Number: _____

Email: _____

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

PLEASE WRITE N/A WHERE NOT APPLICABLE

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