|  |
| --- |
| [ ]  NEW REGISTRATION [ ]  CHANGE TO CURRENT  |
| Date:       | MSP Billing #:       |
| Surname:       | First Name:       |
| Clinic/Facility Name:       |
| Street Address:       | Suite/Unit #:      |
| City:       | Prov:       | Postal Code:       |
| Office Ph. #:       | Office Fax #:       |
| Cell Ph. #:       | Private/Backline Ph: #:       |
| Practitioner Type:  | Specialty (if applicable):       |
| After Hours Contact #(s): | #1:       |
|  | #2:       |
| Other Critical Results Call Instructions: |
|       |
| Reporting Instructions: | [ ]  Electronic | [ ]  Autofax |  |
| Clinic Manager / Designate:       | Clinic Manager Email Address:        |
| Office Hours | Lunch Hr Closure | Additional Information:      |
| Monday: |       |       |
| Tuesday: |       |       |
| Wednesday: |       |       |
| Thursday: |       |       |
| Friday: |       |       |
| Saturday: |       |       |
| Sunday: |       |       | Effective Date:        |
| ***DYNACARE OFFICE USE ONLY*** |
| [ ]  PR Mgr Review | [ ]  Clinic Visit Scheduled  |
| [ ]  LIS Set-up Complete | Effective Date:  |
| [ ]  Excelleris Registration Confirmed | Effective Date:  |
| **Department Notification** |
| [ ]  Logistics Notified | Addition to Courier Route:  |
| [ ]  Specimen Processing Notified for Supply Orders |

*Please email form to vml-info@dynacare.ca*