|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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*