

PART 1: SITE INFORMATION

SITE NAME

DATE OF REQUEST (DD/MM/YYYY)

SITE ADDRESS

UNIT STREET NUMBER STREET NAME OR POST OFFICE BOX NUMBER POSTAL CODE

CITY/TOWN

TELEPHONE NUMBER

FAX NUMBER

PRIMARY CONTACT INFORMATION: Person responsible for working with MBTelehealth during implementation

LAST NAME

FIRST NAME

DAYTIME TELEPHONE NUMBER

JOB TITLE/POSITION

EMAIL

Name of individual who will be using MyMBT (if different from primary contact listed above) _____

How would you describe your site:

Health centre Hospital/acute Nursing station Specialty clinic Long term care and rehab Primary care Other _____

Which MBT services are you interested in:

MBTelehealth

MyMBT Video

MyMBT Messaging

MyMBT IM

Is this an existing MBT site?

Yes

No

How many potential users at the site?



If the user does not have an existing eHealth account, they will need to request one using the appropriate form

<http://services.manitoba-ehealth.ca/acctManagement.html>

PART 2: ADMINISTRATIVE

Is the site owned and operated by:

Manitoba RHA Indicate which RHA: _____

CancerCare Manitoba Diagnostic Services of Manitoba Federal

First Nations Fee For Service Provincial Other (describe): _____

PART 3: APPLICATION APPROVAL

All applications must be approved by the appropriate authority for the site prior to submission (e.g. CEO, Program Director, Clinic Owners). Please indicate the name and title of that person below:

Please print name: _____ Title: _____

Send completed form to:

MBTelehealth

772-715 McDermot Ave.

John Buhler Research Centre

Winnipeg MB R3E 3P4

Email: servicedesk@manitoba-ehealth.ca

Fax: 1-204-975-7787

For more information:

Website: www.mbtelehealth.ca

Phone: 204-940-8500 Option 4

(toll-free) 1-866-999-9698 Option 4