

Intake Form eConsult Store and Forward New Referring Site

eConsult Store and Forward enables health-care providers to ask questions and/or send digital images of some non-urgent health-related conditions to a specialist without the patient having to travel.

Part 1: Site Information					
Site Name				Date of request (dd/mm/yyyy)	
Site Address Unit Street #	Street name or post office b	ox number		Postal Code	
City/Town		Telephone number	F	ax number	
Contact information: person responsible for working with Digital Shared Services during implementation Last name First name					
Job title/position					
Email	Daytime telephone number				
Part 2: Administra	tive				
Is the site owned and operated Manitoba RHA Indicate	l by: e which RHA:				
CancerCare Manitoba First Nations	Diagnostic Services of Manitoba Fee For Service	Federal Provincial	Other (describe):		
How would you describe your s	ite:				
Health centre Specialty clinic	Hospital Long term care and rehab	Nursing station Primary care	Other		

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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@sharedhealthmb.ca

Fax: 1-204-975-7787

For more information:

Website: www.mbtelehealth.ca

Phone: 204-940-8500 Option 4, Option 1 (toll-free) 1-866-999-9698 Option 4, Option 1

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