

Intake Form eConsult Store and Forward New Specialty

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	1	
Site Name		Date of request (dd/mm/yyyy
Site Address Unit Street #	Street name or post office box number	Postal Code
City/Town	Telephone number	Fax number
Contact information: person Last name	responsible for working with Digial Sh	nared Services during implementation First name
Job title/position		
Email		Daytime telephone number
Part 2: eConsult Spec	ialty Information (only complete this	section if you are an eConsult specialty provide
Briefly describe the background of phy	ysician(s): specialty, practice location, MBTelehea	Ith experience, etc
Describe the specialty service you inte	end to provide using MBT eConsult:	

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Part 3: Administrative Is the site owned and operated by:

Indicate which RHA: ____

CancerCare Manitoba Diagnostic Services of Manitoba Federal

First Nations Fee For Service Provincial Other (describe):

How would you describe your site:

Manitoba RHA

Health centre Hospital Nursing station

Specialty clinic Long term care and rehab Primary care Other _____

Part 4: 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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