

**PART 1: SITE INFORMATION**

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

**Primary Contact information: person responsible for working with MBTelehealth during implementation**

Last name First name

Job title/position

Email Daytime telephone number

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


How would you describe your site:

Health centre Hospital Nursing station  
 Specialty clinic Long term care and rehab Primary care Other \_\_\_\_\_

Which MBT services are you interested in:

MBTelehealth MyMBT IM eConsult referring site  
 Skype for Business MyMBT Messaging eConsult specialty provider site (please complete Part 3 on page 2)  
MyMBT Video

Is this an existing MBT site? Yes No How many potential users at the site?

 If the user does not have an existing network account, they will need to request one using the appropriate form  
[Click here to access the forms.](#)


**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): \_\_\_\_\_

Do you have funding for the associated equipment/licensing that may be required? Yes No

**PART 3: eCONSULT INFORMATION**

 Only complete Part 3 if you are an eConsult specialty provider.

Briefly describe the background of physician(s): specialty, practice location, MBTelehealth experience, etc...

Describe the specialty service you intend to provide using MBT eConsult:

**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](http://www.mbtelehealth.ca)  
**Phone:** 204-940-8500 Option 4, Option 1  
(toll-free) 1-866-999-9698 Option 4, Option 1