

# EXPRESSION OF INTEREST



Please complete the following.

## Step 1: Clinic Information

If incorporated please provide corporation name using exact legal spelling.

<b>Clinic Legal Name</b>		<b>Corporation No.</b>	
<b>Street Address</b>		<b>City/Town</b>	<b>Postal Code</b>
<b>Main Phone</b>	<b>Fax Number</b>	<b>Clinic Email (if applicable)</b>	<b>Website (if applicable)</b>
(709)	(709)		

## Step 2: Primary Contact Information

Your clinic/office needs to designate a primary lead to coordinate activities with eDOCSNL. It could be you, your Office Administrator, or one of the clinic's participating physicians. All future correspondence will be sent to this person.

<b>Name</b>			
<b>Direct Phone</b>	(709)	<b>Email</b>	

## Step 3: Provide additional information (if applicable)

## Step 4: Email, fax or mail completed form to:

eDOCSNL  
c/o NL Centre for Health Information  
70 O'Leary Avenue  
St. John's, NL A1B 2C7  
Email: [info@edocsnl.ca](mailto:info@edocsnl.ca)  
Fax: 709-752-6529

*Personal information collected on this form is collected under the Newfoundland and Labrador Access to Information and Protection of Privacy Act and will only be used for the administration of eDOCSNL. Inquiries about the use and protection of this personal information should be directed to the ATIPPA Coordinator at NL Centre for Health*