

Purpose

This document identifies interest in the eDOCSNL EMR Program and collects necessary contact information.

Step 1: Clinic Contact Information

(if incorporated please provide corporation name using exact legal spelling)

Clinic Legal Name:

Corporation No.

Street Address

City/Town

Postal Code

Main Phone #

Fax #

Clinic Email (if applicable)

Step 2: Primary Contact Information

Name

Role

Direct Phone

Email

Step 3: List Providers in Clinic

Step 4: Additional Information (if applicable)

Step 5: Submit Application

Email: 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 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 Information.