



APPROVED AUTHORIZER LIST REQUEST FORM

Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields below

The Service Desk will complete the request within five business days from receiving the request.

Return to: Fax Number: 306-781-8480

Email: servicedesk@ehealthsask.ca

Type of request (check one): New Authorizer Remove Authorizer

Existing Authorizer: Person requesting addition/removal of individual to the authorizer's list: (Please **PRINT** legibly to ensure the name is spelled correctly). **Cannot be the same person as New/Removed Authorizer in next section.**

Full Name Printed: _____ Work Phone #: _____
Working Title: _____ Email Address: _____
Health Organization: _____ Fax Number: _____
Pharmacy Store #: * _____ Date: _____ (mm-dd-yy)
Signature: _____

New/Remove Authorizer: Person added/removed from the authorization list:
(Please **PRINT** legibly to ensure the name is spelled correctly)

Full Name Printed: _____ Work Phone #: _____
Working Title: _____ Email Address: _____
Health Organization: _____ Fax Number: _____
Pharmacy Store #: * _____ Date: _____ (mm-dd-yy)
Signature: _____

Is this new authorizer a Super User? Yes No

Do they require a notification of change order? Yes No

Service(s) new authorizer is able to sign for (please print name of service on line below):

Example of services include but are not limited to:

CPI/Reg (WinCIS), Lab(TriWin), MDS, Homecare (Procura), Pharmacy (Winpharm), etc.

If you need the name of an authorized approver, please call the Service Desk 1-888-316-7446 (local 306-337-0600)

*Asterisk sections are only required for Pharmacies requesting changes to eHR Viewer approvers.

Please note this form does not provide account access or credentials, only the ability to authorize.