eHealth Saskatchewan

Procura Account 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

User Information

Type of request (check one): ☐ Single Region Access   ☐ Cross-Regional Access   ☐ Remove

User's Full Name printed:		Work Phone #:	
Working Title:		Email Address:	
Facility Name:		Former Health Region:	

Environment: ☐ Production   ☐ User Acceptance Test (UAT)

Region(s) Requested

☐ fCRHA	☐ fFHHR	☐ fHRHA	☐ fKTHR	☐ fKYRHA
☐ fMCRRHA	☐ fPAPHR	☐ fPNRHA	☐ fSCHR	☐ fSHR
☐ fRQHR	☐ fSKTNHR			

Authorization

User's Signature _____

Date access is required:

_____
Date (YY/MM/DD)

_____
Date (YY/MM/DD)

Manager's Information:

Name: _____

_____
Work Phone Number:

Signature: _____

_____
Date (YY/MM/DD)

Authorized Approver's Information:

Name: _____
(Please Print)

_____
Work Phone Number:

Signature: _____
(Signature not required if emailed from Approver's email address)

_____
Date (YY/MM/DD)

I acknowledge that the above subscriber is permitted access.

Additional Comments

If you need the name of an authorized approver, please call the Service Desk at 1-888-316-7446 (local 306-337-0600)
The most recent version of this form can be downloaded at: http://www.ehealthsask.ca/forms