



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.
- ▶ Please PRINT legibly and ensure that the name is spelled correctly. Only one individual per form please.

Return to: Fax Number: 306-781-8480

Email: servicedesk@ehealthsask.ca

Type of request (check one): New user Remove

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

Full Name printed:		Work Phone #:	
Working Title:		Email Address:	
Health Organization:		Fax Number:	
Signature:		Date:	

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

Full Name printed:		Work Phone #:	
Working Title:		Email Address:	
Health Organization:		Fax Number:	
Signature:		Date:	

Is this new authorizer a Super User? Yes No

Do they require notification of change orders? Yes No

Service(s) new authorizer is able to sign (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)