

## 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](mailto: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 that the name is spelled correctly). **Can not be the same person as New/Removed Authorizer in next section.**

<b>Full Name Printed:</b>		<b>Work Phone #:</b>	
<b>Working Title:</b>		<b>Email Address:</b>	
<b>Health Organization:</b>		<b>Fax Number:</b>	
<b>Pharmacy Store #: *</b>		<b>Date:</b>	
<b>Signature:</b>			

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

<b>Full Name Printed:</b>		<b>Work Phone #:</b>	
<b>Working Title:</b>		<b>Email Address:</b>	
<b>Health Organization:</b>		<b>Fax Number:</b>	
<b>Pharmacy Store #: *</b>		<b>Date:</b>	
<b>Signature:</b>			

Is this new authorizer a Super User? ☐ New Authorizer ☐ Remove Authorizer

Do they require a notification of change order? ☐ New Authorizer ☐ Remove Authorizer

**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)

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

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