



TELESTETH LICENSE REQUEST FORM

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

Return to: Fax Number: 306-781-8480
Email: servicedesk@ehealthsask.ca

Application Information:

Telehealth Partner	
Location(s) of Use:	
Planned Implementation Date:	

Primary TeleSteth Contact:

Name:		Phone:	
Fax:		Email Address:	
Phone:		Cellular/Pager:	

Primary IT Support Contact:

Name:		Phone:	
Fax:		Email Address:	
Phone:		Cellular/Pager:	

Equipment & Installation Information:

Number of Licenses Requested:	
Business reason and priority:	

Partner Authorization

Name (please print):		Work Phone:	
Signature:		Date:	

eHealth Authorization

Name (please print):		Work Phone:	
Signature:		Date:	

The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>