



## TELESTETH SERVICES ACCOUNT 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

### User Information

Type of request (check one):  New user  Change in user type  Remove

<b>User's Full Name printed:</b>		Work Phone #:	
Working Title (function):		Email Address:	
Facility Name:		Health Region:	
Signature:		Date:	

### Regional Authorization

Full Name printed:		Work Phone #:	
Working Title (function):		Email Address:	
Facility Name:		Health Region:	
Signature:		Date:	

### TeleSteth Account Access:

**Please note:** All users will be granted 'Streaming' only. For IT personnel please check the applicable permission:

Select Access (check one)  Admin  Streaming  Audit

### TeleSteth Program Manager or Authorized Designate Service Authorization:

I acknowledge that the subscriber is permitted access to the selected services.

Name: \_\_\_\_\_  
(please print) Work Phone Number

Signature: \_\_\_\_\_  
Date (YY/MM/DD)

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