



## IPHIS PROVIDER DATA INFORMATION 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](mailto:servicedesk@ehealthsask.ca)

Please complete the following information to request any change to physician data in iPHIS.  
Please include a full first and last name

Add Physician       Update Physician       Remove Physician

<b>Name:</b>	Full First Name	Middle Initial:	Full Last name:

<b>Business Name:</b>			
<b>Business Address:</b>			
Street:		Province:	Postal Code:
City:			

<b>Contact Numbers:</b>			
Business Telephone:		Cell:	
Fax:		Home Telephone:	
Pager:		Message:	

<b>Requester Data:</b>			
Name:		Title:	
Contact Number:		Health Region:	
Date:			

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