



## Account 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)

### 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:		Email Address:	
Facility Name:		Health Region:	

Environment:                       Production                       User Acceptance Test (UAT)

### Service Requested

<input type="checkbox"/> HealthSuite (RISE)	<input type="checkbox"/> CPI/Reg (WinCIS)	<input type="checkbox"/> Drug Utilization Review (DUR)
<input type="checkbox"/> Lab SCC (Soft)	<input type="checkbox"/> Home Care (Procura)	<input type="checkbox"/> ESP (Workforce Central)
<input type="checkbox"/> SCM		
<input type="checkbox"/> USD Analyst	<input type="checkbox"/> Other	
(Group:) _____	(please specify:) _____	

### Service Authorization

User's Signature \_\_\_\_\_  
Date (YY/MM/DD) \_\_\_\_\_

I acknowledge that the subscriber is permitted access to the selected services.                      **Date access is required:**  
Date (YY/MM/DD) \_\_\_\_\_

### Manager's Information:

Name: \_\_\_\_\_  
(Please Print)                      Work Phone Number: \_\_\_\_\_

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

### Authorized Approver's Information:

Name: \_\_\_\_\_  
(Please Print)                      Work Phone Number: \_\_\_\_\_

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

If you need the name of an authorized approver, please call the Service Desk at 1-888-316-7446 (local 306-337-0600)  
The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>