eHealth Saskatchewan

BDM PHARMACY INFORMATION SYSTEM 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 two days from receiving the request.
Return to: Fax Number: 306-781-8480
Email: servicedesk@ehealthsask.ca

User Information									
Type of request (check c	Ne'	w user	🗌 Cł	nange in user	r type	Remove			
Full Name (including mi				Work Phon	e #:				
Active Directory Sign-on				Working Ti	tle:				
Email Address:					Health Reg	ion:			
Facility Name(s):									
Environment Production User Acceptance (UAT)									
Access Requested									
Super User	Pharmacist				SAP/TB Role				
Technician		🗌 Inv	ventory Tech	nician		Other _			
Service Authorization									
User's signature:									
							Date (YY/MM/DD)		
I acknowledge that the subscriber is permitted access to Date access is required:									
the selected services.							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	lannrov	er nlease cal	ll the Service (Jesk 1-888-3	16-744	6 (local 337-0600)		
The most recent versior									

Super User: Full access to files/reports/functions in the system. No access to global settings affecting other regions.
Pharmacist - Access to Pharmacist Functions. No access to the Following: Stock Setup, Catalogue, System Setup, Security.
SAP/TB Tech- Access to Technician Functions. No access to the Following: System Setup, Security, Interfaces.
Technician Role - Access to Technician Functions. No access to the following: Stock Setup, Catalogue, System Setup, Security.
Inventory Technician - Access to Technician Functions, Catalogue, Stock Setup. No access to the following: Security, System Setup.