



TELEHEALTH SERVICES ACCOUNT REQUEST FORM

- Call the Service Desk 1-888-316-7446 (local 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.
- **Email completed form to:** TelehealthSupport@eHealthsask.ca

Type of Request: New User Remove Access Change Access

User Information

Full Name (printed):		Work Phone #:	
Job Title:		Email Address:	
Organization:		Domain\Username:	

Account Access

Do you need access to TMS (Telehealth Scheduler)?

Full Access View Only None

Do you need access to CBF (Clinical Booking Form)?

Yes No

If you are requesting CBF access as part of a Provider Office, list all providers or group of providers you schedule Telehealth clinics for.

If you are requesting a CBF change, please choose from the options below:

Patient Site Location:

Provider / Consultant:

- Full provider name: _____ Specialty: _____
- Do they belong to an existing clinical group? _____ If yes, provide name: _____
- Who schedules for this provider? _____

Provider / Consultant Telehealth Site:

Organization Approver:

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

If you need the name of an authorized approver, please call the Service Desk 1-888-316-7446 (local 306-337-0600)

Date access is required:

Full Name (printed):		Work Phone #:	
Job Title:		Email Address:	
Signature:			

Date (MM/DD/YYYY)