ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Health Care Provider Information

Fax completed form to APL ProvLab at **780-407-8984.**

IMPORTANT: It is your responsibility to keep this information current. Fax any changes as soon as possible.

Request Date: YYYY-MM-DD **Effective Date:** YYYY-MM-DD

☐ **New Physician Location**	☐ **Office Relocation** (All patient files relocated with physician)	☐ **Physician Practice/Office Closure** www.calgarylabservices.com for APL form # *CSD2709*

Health Care Provider Name	(Last)	(First)	(Middle)
Prac ID #		Registered Nurse CARNA #	
☐ Physician (MD) List speciality:	☐ Podiatric Surgeon (DPM)	☐ Nurse Practitioner (NP)	☐ Midwife (RM)
☐ Dentist (DMD) ☐ Pharmacist (RPh) ☐ Chiropractor (DC) ☐ Physiotherapist ☐ Optometrist (OD) ☐ Other:			

Building Name/Clinic Name Is this a home office? ☐ Yes ☐ No	
Address	
City, Province, Postal Code	
Office Phone	
Office Secure Fax Number	
Email Address	

After Hours Contact Information – required as per CPSA Health Professionals Act Standards of Practice
IMPORTANT: a minimum of one after hours contact number is mandatory

Answering Service Number	
Pager/Cell Phone Number	
Home Phone Number	

Report Distribution – Select one method of laboratory report distribution:

☐ Electronic Delivery to your EMR Facility ID: EMR Vendor:

☐ ER4 Delivery Access Number:

☐ Fax

Authorized Signature		Title	Date

For Lab Use Only

Organization/Facility Number: ______________________ Provider Number: ______________________ Route Stop ID: ____________