



**IM/IT Health Information  
Provider Table Addition/Change Form  
Fax to: 902-473-2100**

**PLEASE PRINT**

<b>College of Physicians and Surgeons of Nova Scotia (CPSNS#):</b>					
<b>Or STAR assigned Clinician Number</b>					
<b>New: x</b>	<b>Change:</b>	<b>Temporary Add:</b>	<b>De-Activate #:</b>		
<b>Last Name:</b>		<b>First Name:</b>		<b>Initial/Middle Name:</b>	
<b>Primary Address: (Be specific with location)</b>			<b>Phone Number:</b>		
<b>Office Name:</b>			<b>Fax Number:</b>		
<b>Street Address:</b>			<b>Pager Number:</b>		
			<b>E-mail:</b>		
<b>City:</b>			<b>Specialty Code:</b>		
<b>Province:</b>			<b>Discipline:</b>		
<b>Postal Code:</b>					
<b>Changes/Comments:</b>					
<b>FOR LIS USE ONLY CLINICIAN NUMBER</b>					
<b>FOR ADDITIONAL ADDRESSES</b>					
<b>Secondary Address: (Be specific with Location)</b>			<b>Phone Number:</b>		
<b>Office Name:</b>			<b>Fax Number:</b>		
<b>Street Address:</b>			<b>E-mail:</b>		
<b>City:</b>					
<b>Province:</b>					
<b>Postal Code:</b>					
<b>Changes/Comments:</b>					
<b>Previous Address if change:</b>			<b>Information Source:</b>		
			Full Name:		
			Phone #:		
			<b>Received by:</b>		
			<b>Date Received:</b>		