



Finance & eInformation Management eHealth

Physician Addition/Change Form

e-mail to: stardbc@cdha.nshealth.ca

or Fax: (902) 473-2761

PLEASE PRINT

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