

INR ONLINE CANADA

MEDICAL CLINIC – HOSPITAL - SOLO DOCTOR

Complete this form for each individual organization. An organization can be a medical clinic, hospital or a solo physician. All fields need to be completed.

Organization Name	
Unit Number	
Street Number	
Street	
City/Town	
Province	
Postal Code	
Phone Number	
Fax Number	

DOCTORS/NURSE PRACTITIONERS

This section relates to each member of the above organization. Complete as required for each individual member.

First Name	
Last Name	
Type – Doctor/Nurse Practitioner	
Phone Number	

First Name	
Last Name	
Type - Doctor/Nurse Practitioner	
Phone Number	

First Name	
Last Name	
Type - Doctor/Nurse Practitioner	
Phone Number	

Please send completed form to help@inronline.ca