**INR ONLINE CANADA**

**MEDICAL CLINIC – HOSPITAL - SOLO PRACTICE**

**Please complete this form for each doctor’s medical clinic, hospital or solo practice (e.g. Dr. John Doe Family Practice). Please complete all fields. Thank you.**

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

**DOCTOR/NURSE/NURSE PRACTITIONER**

**Please complete this section of the form for each member of the medical clinic, hospital or solo practice above. The member may be a doctor, nurse, nurse practitioner or a pharmacist employed in a solo practice, medical clinic, hospital, family health team or primary care network. Thank you.**

|  |  |
| --- | --- |
| 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 |  |