



<p><b>For Office Use Only</b></p> <p>Route # _____</p>
--

**Client Information Form**

New:       Change:

Name: \_\_\_\_\_  
 MOH Billing #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Specialty: \_\_\_\_\_  
 CPSO #: \_\_\_\_\_

**OFFICE CONTACT  
 (Primary Location)**

Contact: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Private Phone #: \_\_\_\_\_

**(Secondary Location)**

Contact: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Private Phone #: \_\_\_\_\_

**OFFICE HOURS (hh:mm)**

Sunday      from: \_\_\_\_\_ to: \_\_\_\_\_  
 Monday      from: \_\_\_\_\_ to: \_\_\_\_\_  
 Tuesday      from: \_\_\_\_\_ to: \_\_\_\_\_  
 Wednesday   from: \_\_\_\_\_ to: \_\_\_\_\_  
 Thursday      from: \_\_\_\_\_ to: \_\_\_\_\_  
 Friday      from: \_\_\_\_\_ to: \_\_\_\_\_  
 Saturday      from: \_\_\_\_\_ to: \_\_\_\_\_

**Lunch Hour (hh:mm)**

from: \_\_\_\_\_ to: \_\_\_\_\_  
 from: \_\_\_\_\_ to: \_\_\_\_\_  
 from: \_\_\_\_\_ to: \_\_\_\_\_  
 from: \_\_\_\_\_ to: \_\_\_\_\_  
 from: \_\_\_\_\_ to: \_\_\_\_\_  
 from: \_\_\_\_\_ to: \_\_\_\_\_  
 from: \_\_\_\_\_ to: \_\_\_\_\_

**AFTER HOURS**

Phone #: \_\_\_\_\_  
 Pager #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Home #: \_\_\_\_\_

**BACKUP COVERAGE**

Backup Physician #: \_\_\_\_\_  
 Name: \_\_\_\_\_

**EHR VENDOR**

Name: \_\_\_\_\_  
 Version: \_\_\_\_\_

**Please forward to Medical Laboratories of Windsor via the courier or by fax 519-258-9505**