

eConsult Pilot Project Preregistration Form



SEAMO
Southeastern Ontario Academic Medical Organization

Please complete, save and email this form to lacey.cranston@queensu.ca.

First Name:*

Middle Initial

Last Name:*

Preferred First Name:

Preferred Last Name:

Work Address:

Work Phone Number:

Extension:

Fax Number:

Department/Organization:

Email:

Speciality:

CPSO Number:

OHIP Billing Number:

Date: Feb-16-18