

ONE® Mail: Request for Service

This form was developed to collect information about your organization in preparation for the ONE Mail deployment. If you have any questions regarding this form, please contact eHealth Ontario's ONE Mail Product Team via email at onemailinfo@ehealthontario.on.ca.

Legal name of organization:		
City:	Province: ON	Postal code:
Contact name:	E-mail:	
Phone number and extension:	Fax:	Web Site:
List of eligible health care organizations (<i>Primary Services</i>):		
Ambulance/EMS Cancer Care Ontario CCAC Children's Treatment Centre Chiropractic Community Care Service Provider Community Health Centre Laboratory Community Mental Health & Addiction Service Community Support Service	Dentist Office Family Health Team Home Care Provider Hospital Hospital (Private) Independent Health Facility LHIN Long Term Care Home Medical Laboratory	Optometrist Office Physician Physiotherapy Public Health Unit Speech Language Pathology Other Health Affiliated Healthcare Organization
Which <i>Primary Service</i> does your organization offer? If 'other,' please specify.		
How many employees does your organization have?		
Does your organization have an email server? If yes, please specify the location.		
How is your organization planning to use ONE Mail to add clinical value to your workflow?		