

College of Physicians and Surgeons of British Columbia

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Electronic Medical Directory Order

The medical directory with MSP billing numbers is available for purchase by **active practising registrants of the College** and by **health authorities ONLY**.

All fields are required. Your order will not be processed if incomplete.	
CONTACT INFORMATION	
Physician name:	CPSID:
Physician signature:	
Must be a wet signature.	
Email: Note: The electronic medical directory is sent via email. Please ensure a cor	
	rect and valid email address is provided.
Organization name: E.g. health authority, hospital name	
Business address:	
	Destal sada: Dravinas:
City:	
Telephone:	Fax:
By execution of this data request form, the requesting party agrees that this data will not be used for any commercial, marketing or fundraising purposes, nor will it be transmitted or resold to any other person or entity without specific written authorization from the College.	
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COST AND PAYMENT INFORMATION	GST# 10695 3961 RT 0001
Note: Allow seven business days for processing.	
○ One-time download	
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Payment by: OVisa OMasterCard OAmerican Expre	255
Credit card number:	Expiry date:/
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I hereby authorize the College of Physicians and Surgeons of British Columbia to charge my credit card for the fees noted above.	

The information collected in this form will be used for processing your order. If you have any questions about the collection and use of this information, please contact the College at 300–669 Howe Street, Vancouver BC V6C 0B4 or by phone at 604-733-7758 or 1-800-461-3008 (toll-free in BC).

PLEASE FORWARD THIS FORM BY:

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