



Health, Seniors and Active Living

Insured Benefits, Insurance Division
3rd Floor, 300 Carlton Street, Winnipeg, Manitoba, Canada R3B 3M9
T 204-788-2567 F 204-942-2356 E practitionerregistry@gov.mb.ca
www.manitoba.ca

**Oral Surgeon/Dentist
Registration Form**

Name _____
Surname Given Name and Initial(s)

Date of Birth _____ **Gender** _____
(dd/mm/yyyy) Female Male

Manitoba Health Card Number (6 digit) _____

A. Practice Location (Full Address) _____

B. Permanent Residence Address _____

Work No _____ **Cell No** _____

Fax No _____

Email Address: _____

This email address will be used for the purpose of business communication by Manitoba Health, Seniors and Active Living, and Regional Health Authorities.

My mailing address for all Manitoba Health correspondence should be: A or B

I am registered with the Manitoba Dental Association:	
MDA Registration No. _____	Effective date of Registration _____
Location of Graduation: _____	_____
Specific University	Year of Graduation

Claims Submission Method: Electronic Paper

I understand that if I use a signature stamp or computer produced signature in place of a formal signature on claim forms submitted to the Fee-For-Service/Insured Benefits, Health Workforce Secretariat, Manitoba Health, Seniors and Active Living that the use of such signature will involve the same full legal responsibility as if signed by hand.

Signature

Witness Signature

Date

Name & Address of Witness