



**CDHAnet / ACHDnet Information** *(Used to identify which accounts are being updated)*

Office No. (4 Characters): \_\_\_\_\_ H

Business Address on file: \_\_\_\_\_  
Address

\_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code

**CDHAnet / ACHDnet updated\* Information** *(\*Please ONLY complete the information that needs to be updated)*

Email Address: \_\_\_\_\_

Office Email address: \_\_\_\_\_  
 *Check if same as above*

Account Contact(s): \_\_\_\_\_

New Business Address: \_\_\_\_\_  
Address

\_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code

New Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Name of the software vendor: \_\_\_\_\_

**Consent**

The above changes apply to and are authorized by the following providers:

_____	_____
Hygienist Name <i>(Please print)</i>	Hygienist Signature <i>(No stamps):</i>
_____	_____
Hygienist Name <i>(Please print)</i>	Hygienist Signature <i>(No stamps)</i>
_____	_____
Hygienist Name <i>(Please print)</i>	Hygienist Signature <i>(No stamps):</i>
_____	_____
Hygienist Name <i>(Please print)</i>	Hygienist Signature <i>(No stamps):</i>

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 Thank you.

Questions? Call the CDHA at 1-800-267-5235  
 Please send your form by Fax: 613-224-7283 or Email: [info@cdha.ca](mailto:info@cdha.ca)