



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