

FORM TO ADD OR DELETE A CHEDAS USER or REPORT CHANGE OF PRACTICE INFORMATION

Name of Practice: _____

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Please DELETE the following User:

Name: _____

Location Address: _____

Email Address: _____

User ID # if known: _____

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Please ADD the following User:

Name: _____

Location Address: _____

City, Zip Code: _____

Phone #: _____

Email Address: _____

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Please UPDATE Practice information:

New Address: _____

New Phone #: _____

New contact person: _____

Email form to: pchpsupport@pinellascounty.org Or Fax to: 727-582-7228