



NMSIIS Provider and EHR Information Sheet

The NMSIIS Provider and EHR Information Sheet provides contact and site information for automated data exchange with the New Mexico Statewide Immunization Information System (NMSIIS). After completing this form, please submit to the program at MMSIIS.Access@doh.nm.gov PLEASE PRINT CLEARLY and COMPLETE ALL FIELDS.

Provider Contact Information		
Facility/Location Name:		
NMSIIS Org ID (if assigned):		
Physical Address of Facility/Location:		
City:	State:	Zip Code:
Facility/Location Technical Lead:		
		_ Email:
Primary Phone: ()Ext:		Secondary Phone: ()Ext:
Fax: (<u></u>	
Primary Location Contact for NMSIIS :		
(NOTE: this person may be the same as above.	If so, plea	se note)
Job Title:		_ Email:
Primary Phone: ()Ext:		Secondary Phone: ()Ext:
Fax: (_	
Electronic Health Record (EHR) Contact In	formatio	n
EHR Vendor/Company:		
EHR Version (if known):		
Primary EHR Vendor Point of Contact Name:		
		Email:
Primary Phone: ()Ext:		Secondary Phone: ()Ext:
Fax: ()Ext:		
Back Up EHR Vendor Point of Contact Name:		
Job Title:		_ Email:
Primary Phone: ()Ext:	Se	econdary Phone: ()Ext:
Fax: () Fxt·		

SITE INFORMATION

Please list ALL sites (locations/clinics) that will participate in automated data exchange with NMSIIS, both current and future. Use multiple pages, if needed.

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SITE NAME	CITY	ORG ID