Provider's demographic information for EIF (Providers who need access to create/edit EIF)	
Contact Type: (physican, RN, Parent, etc)	
Primary Health Provider (Yes, No)	
Specialty	
Title:	
First Name:	
Middle Name:	
Last Name:	
Suffix:	
Address:	
Hospital Name:	
Street Address:	
City:	
State, Postal Code:	
Contact Information:	
Home Phone:	
Emergency/Pager/Cell Phone:	
Work Phone:	
Fax:	
E-mail:	
Primary Language:	
MEMSCIS Healthcare Entity Information	
Organization name	
Nickname to appear in MEMSCIS	
Contact Person:	
Mailing address	
phone #s	
Fax	
Specialty area	