

## Shared Contact 0000 0000

**Shared Contact** 0 0000000, 000000000000, 0000000000, 00000000, 00000000 00000000 0000 00000000 000000000000 00000000 000000000000 00000 000000

00 000 0000000000000000 **Shared Contact** 00000000000000000000 0000 0000, 00000 **Shared Contact** 00000 00000, 0000000 00000 0000 0000000000000000 00000 00000000

## Shared Contact 0000 0000

1. Admin 0000000 **Shared Contact** 00000000 00000 **New** 00000000 0000000 0000000



## Shared Contact Active ?

<b>Title</b>	<input type="text" value="Physiotherapist"/>	<b>First Name</b>	<input type="text" value="Dr. Jhon"/>
<b>Middle Name</b>	<input type="text"/>	<b>Last Name</b>	<input type="text" value="Paul"/>
<b>Organization Name</b>	<input type="text" value="Demo Hospital Philippines"/>	<b>NPI Number</b>	<input type="text"/>
<b>* Type</b>	<input type="text" value="Hospital"/>		
<b>Specialty</b>	<input type="text" value="Physical Medicine &amp; Rehal"/>		

### Primary Address

<b>Attention or in care of</b>	<input type="text" value="Lia Patricia"/>		
<b>Address</b>	<input type="text" value="123 Street"/>	<input type="text"/>	
	Street 1	Street 2	
	<input type="text" value="Manila"/>	<input type="text" value="State"/>	<input type="text" value="01234"/>
	City	State	Zip Code
<b>Primary Phone</b>	<input type="text" value="0112423597"/>	<b>Secondary Phone</b>	<input type="text"/>
<b>Additional Phone</b>	<input type="text"/>	<b>Fax</b>	<input type="text"/>
<b>Email</b>	<input type="text" value="jhon.paul@demomail.com"/>	<b>Web Address</b>	<input type="text"/>

### Mailing Address

<b>Attention or in care of</b>	<input type="text" value="Lia Patricia"/>	<input checked="" type="checkbox"/> <b>Same as Primary Address</b>	
<b>Address</b>	<input type="text" value="123 Street"/>	<input type="text"/>	
	Street 1	Street 2	
	<input type="text" value="Manila"/>	<input type="text" value="State"/>	<input type="text" value="01234"/>
	City	State	Zip Code
<b>Primary Phone</b>	<input type="text" value="0112423597"/>	<b>Secondary Phone</b>	<input type="text"/>
<b>Additional Phone</b>	<input type="text"/>	<b>Fax</b>	<input type="text"/>

Cancel

Back

Save

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Shared Contact 'john Paul / Dr.' has been successfully Saved

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**Actions**

[Create New Shared Contact](#)



□□□□ **Shared Contact** □□□□ □□□□ **Create New Shared Contact** □□□□□□ □□□□□ □□□□□

**Shared Contact** □□□□□ □□□ □□□□□□□□□□□□ □□□□□:

1. **Admin** □□□□□ □□□□ **Shared Contact** □□□□□□ □□ □□□□ **List** □□□□□□ □□□□□ □□□□□



Shared Contacts

Filter 15 Records

Title	First Name	Last Name	Organization Name	Form ID	Type	Specialty	NPI Number	Address	Primary Phone
Doctor	Abdul	Hakim	Demo Hospital	SC-DEMOTPHL-GCR4NB6ZWMUL9	Physician	Ear, Nose, Throat		Demo Road, Dhaka, Bangladesh	
Therapist	Ahmad	Imran	Demo IPNA Hospital	SC-DEMOTPHL-GCT4NDXPYUMUL8	Physician	Speech Therapy		111/J, Road-5, Dhaka-1212, Dhaka, Bangladesh	31219212
Dr.	Anthony	Makhoba	Uganda Demo Hospital	SC-DEMOTPHL-GDD4MKDPSMULP	Hospital	General Practice		Kamwokya, Kampala, 00998, Uganda	25676589
Dr.	William	Marry		SC-DEMOTPHL-J7E4NDEQYMULH	Doctor	Cardiology		test, Philippines	
Dr.	Joseph	Patel	Childrens Dental Care Clinic	SC-DEMOTPHL-HBU4NH8Y8MULP	Hospital	Dentist		street 234, Bangladesh	708-345-8
Physiotherapist	Dr. Jhon	Paul	Demo Hospital Philippines	SC-DEMOTPHL-HBU4NH8Y2MUL5	Hospital	Physical Medicine & Rehabilitation		123 Street, Manila, 01234, Philippines	01124235
Behavior Consultant	Mercy	Portia	Demo Behavior Support Consultancy Centre	SC-DEMOTPHL-HBT4NGYZ6MULY	Behavior Support Consultant	Behavior Support		Demo Street, Demo City, Lesotho	
Occupational Therapist	Md	Rahman		SC-DEMOTPHL-J6U4NCZZXMULR	Specialist	Therapist		dhaka, dhaka, Bangladesh	
Doctor	Abdur	Rahman	Demo Hospital Bangladesh	SC-DEMOTPHL-H7E4NFMZZMULQ	Physician	Physical Therapy		11/A, Road 2, Dhaka-1212, Bangladesh	12123131

Showing 1 to 15 of 22 entries Previous 1 2 Next

Export to Excel

Cancel

Filter Type Specialty Contact Filter Contact

3. 00000000 0000 0000000000000000 00000 000 Shared Contact 00 00000000 00000 00000 000  
000000000 00000000 edit 0000 0000000

000 000000000000000 Shared Contact 00 000000 00000 000 000000 0000000 00000 **Update** 00000  
000000 000000 Shared Contact 00 0000000000000 00000 000000 **Discontinue** 000000 000000 000000

## Shared Contact Active

<b>Title</b>	<input type="text" value="Physiotherapist"/>	<b>First Name</b>	<input type="text" value="Dr. Jhon"/>
<b>Middle Name</b>	<input type="text"/>	<b>Last Name</b>	<input type="text" value="Paul"/>
<b>Organization Name</b>	<input type="text" value="Demo Hospital Phillipines"/>	<b>NPI Number</b>	<input type="text"/>
<b>* Type</b>	<input type="text" value="Hospital"/>		
<b>Specialty</b>	<input type="text" value="Physical Medicine &amp; Rehal"/>		

### Primary Address

<b>Attention or in care of</b>	<input type="text" value="Lia Patricia"/>		
<b>Address</b>	<input type="text" value="123 Street"/>	<input type="text"/>	
	Street 1	Street 2	
	<input type="text" value="Manila"/>	<input type="text" value="01234"/>	<input type="text" value="Philippines"/>
	City	Zip Code	Country
<b>Primary Phone</b>	<input type="text" value="0112423597"/>	<b>Secondary Phone</b>	<input type="text"/>
<b>Additional Phone</b>	<input type="text"/>	<b>Fax</b>	<input type="text"/>
<b>Email</b>	<input type="text" value="jhon.paul@demomail.com"/>	<b>Web Address</b>	<input type="text"/>

### Mailing Address

<b>Attention or in care of</b>	<input type="text" value="Lia Patricia"/>	<input checked="" type="checkbox"/> <b>Same as Primary Address</b>	
<b>Address</b>	<input type="text" value="123 Street"/>	<input type="text"/>	
	Street 1	Street 2	
	<input type="text" value="Manila"/>	<input type="text" value="01234"/>	<input type="text" value="Philippines"/>
	City	Zip Code	Country



