

Shared Contact Active

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

Primary Address

Attention or in care of	<input type="text" value="Lia Patricia"/>		
Address	<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
Primary Phone	<input type="text" value="0112423597"/>	Secondary Phone	<input type="text"/>
Additional Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text" value="jhon.paul@demomail.com"/>	Web Address	<input type="text"/>

Mailing Address

Attention or in care of	<input type="text" value="Lia Patricia"/>	<input checked="" type="checkbox"/> Same as Primary Address	
Address	<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
Primary Phone	<input type="text" value="0112423597"/>	Secondary Phone	<input type="text"/>
Additional Phone	<input type="text"/>	Fax	<input type="text"/>

Cancel

Back

Save

To Do	<h2>General</h2>	
Individual		
Health		
Agency		
Billing		
Admin		
Agency Reports		
Individual Home Page		
Settings		
	Provider	Preferences Password Policy
	User	New List Import from Excel Search Imported Excel Assign External System ID Self Password Reset
	Title	New List Import from Excel Search Imported Excel
	Program	New List Import from Excel Search Imported Excel
	Site	New List
	Individual Home Page	Select Items
	Custom Field	New List
	Shared Contact	New List Link Import from Excel
	Shared Contact Type	List

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Shared Contact Active ⓘ

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Middle Name	<input type="text"/>	Last Name	<input type="text" value="Paul"/>
Organization Name	<input type="text" value="Demo Hospital Phillipines"/>	NPI Number	<input type="text"/>
* Type	<input type="text" value="Hospital"/>		
Specialty	<input type="text" value="Physical Medicine & Rehal"/>		

Primary Address

Attention or in care of	<input type="text" value="Lia Patricia"/>		
Address	<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
Primary Phone	<input type="text" value="0112423597"/>	Secondary Phone	<input type="text"/>
Additional Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text" value="jhon.paul@demomail.com"/>	Web Address	<input type="text"/>

Mailing Address

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	Street 1	Street 2	
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	City	Zip Code	Country

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Please see below for error messages!

This Shared Contact has Link(s) with the following 1 Shared Contact(s)- Ahmad Imran / Therapist (Demo IPNA Hospital). Please remove the Link(s) first to discontinue this Shared Contact



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Organization Name	<input type="text" value="Demo Hospital Phillipines"/>	NPI Number	<input type="text"/>

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