Worksheet: Vhi PVS (Patient Verification System) registration

Date

Ref

Patient	Date of birth	MRN
Address		

Registration details

Email address

First name and last name

Mobile number (+353 format)

Work phone number

Provider type

Provider code, or several separated by commas

Department type

Security details

Password meeting Vhi's eight rules

Acceptance of the PVS terms of use

An Android or iOS device for multi-factor authentication