



MISSISSAUGA HALTON PRIMARY CARE NETWORK

Expression of Interest for Core Network Members

Send application to info@primarycarenetwork-mh.ca or fax to 905-337-8330 Attn: Melissa Szilagyi

Name: _____ Phone: _____

Email: _____

The Mississauga Halton Primary Care Network needs to have a membership that is as diverse as primary care. Please tell us a bit about how you practice as a Primary Care Provider.

Profession: Physician
 Nurse Practitioner
 Other: _____

Where do you practice within the LHIN?

Halton Hills Milton
 Oakville Mississauga
 Etobicoke

Why do you want to act as a Core Network Member within the Mississauga Halton Primary Care Network?

[Click here to enter text.](#)

Thank you for your interest in the Mississauga Halton Primary Care Network. If you have any questions about this application or the role of Core Member of the Primary Care Network, please contact: Dr. Paul Philbrook (paul.Philbrook@thp.ca) or Dr. Kristiana Martiniuk (klcmartiniuk@gmail.com).