

Arcadia MRI & Imaging Center

Open MRI

1.5T Short Bore MRI

Multi-Slice CT

Ultrasound

(626) 446-0080

FAX: (626) 447-4432

PACS User Account Request Form

As one of our referring clinicians, you may access your patient images over the internet once we establish an account for you. Patient images are sent to the PACS at the completion of each exam and are available to you for your review.

1. To request an account, please fill out this form, sign the Confidentiality Agreement and return both forms to us by fax:

Fax: (626) 447-4432

For any questions on the forms, please contact Mary Morrissey, Administrator: (626) 446-0080

2. We will set up an account for you and contact you to come to your office and set up the access on your computer. This will entail downloading an installer program, which will only have to be done once. We will also give you a brief training on using the PACS, which has functions that are very similar to other PACS systems in use in the community.

PACS User Information:

First name: _____ MI: _____ Last: _____

Suffix: _____ Degree: _____

Office or group name (if different than Dr's name): _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Additional Email for staff member: Name: _____ email: _____

User name you would like to use: _____ (lowercase, no spaces)

Password you would like to use: _____ (lower case, no spaces)

(If you have no preference, we will use your first initial & last name – ("tsmith") and assign a password)

For your convenience, you can request the same user name and password you use on other systems. You will be prompted to change the password every 90 days.