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.

<u>PACS User Information:</u>

First name: _____   MI: _____   Last: _____

Suffix: _____   Degree: _____

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

Address: _____   Suite: _____

City: _____   State: _____   Zip: _____

Phone: _____   Fax: _____   Email: _____
(Optional)

Staff member to contact: Name: _____   email: _____
(Optional)

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

Password you would like to use: _____   (lower case, at least six digits with at least one number)

     (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 (if it has at least 1 number) you use on other systems. You will be prompted to change the password periodically.