



PACS ACCESS REQUEST FORM

****You only need to complete this form if you are planning to view images via PACS****

Please fill out and fax to The Iowa Clinic IT Department at 875-9951

Physician's Office: _____

Contact Person: _____

Office Address: _____

Office Phone Number: _____

Physicians in this office: _____

(Full Name including middle initial) _____

Physician's Nurses needing access: (No more than one per physician. Full Name including middle initial please.)

Agreement: Providers or their nurse will view information in The Iowa Clinic's PACS system only for medical purposes. The provider's office will notify The Iowa Clinic immediately of termination of any personnel on this request so that their access can be inactivated.

Physician's Signature