3RD PARTY COMPUTER ACCESS REQUEST
COMPLETE AND FAX TO (702) 853-8953

Date: __________________

Please select the hospital access is needed for:

☐ Centennial Hills  ☐ Desert Springs  ☐ Henderson  ☐ Summerlin  ☐ Spring Valley  ☐ Valley

Please select appropriate type of access needed:

☐ Physician  ☐ AHP  ☐ Student Medical  ☐ Physician Office Staff, Biller  ☐ Medical/Legal (Attorney)
☐ Case Manager  ☐ HIM Reviewer  ☐ Insurance  ☐ Government Agency  ☐ Other _______________________

How will you access the system:

☐ Onsite  ☐ Remote  ☐ Both
   (on site at the hospital)  (off site from the hospital)

Access Start Date: __________________  Access End Date: __________________

Printed Name: _____________________________________
Last First Initial  Complete Phone #: __________________

Complete FAX #: ___________________________  Email Address: _____________________________

**You must enter either a FAX number or an Email in order to receive your login ID**

Name of Group/Company: _______________________________________________________________

To Be Completed by Physicians: State License #: __________________  Specialty: __________________

APPLICATIONS REQUESTED (Check All That Apply)

☐ VHS Network Access  (must check this box for applications below)
☐ CERNER  ☐ Dragon Direct  ☐ Dragon (ER Physicians)  ☐ Fetalink (OB Docs)  ☐ Fetalink+ (iPhone App)
☐ Radiology PACS  ☐ Cardiology PACS  ☐ MUSE (For Cardiologists Only)
☐ Other (Please Specify): ________________________________________________________________

Signature: _______________________________________________________________________
(For Hospital Use Only)

Approved by: _____________________________  Date: __________________

Please select all applications required. Please submit the VHS Data Access Agreement Form along with this form.

Revised 8/8/2016