



**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 (on site at the hospital)  Remote (off site from the hospital)  Both

Access Start Date: \_\_\_\_\_ Access End Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Complete Phone #: \_\_\_\_\_  
Last First Initial

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.