



## 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: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Office Fax Number: \_\_\_\_\_

Requesting Users Name: \_\_\_\_\_

Requesting User Email: \_\_\_\_\_

Requesting Users Title: \_\_\_\_\_

**Agreement: Providers or their nurse will view information in The Iowa Clinic's PACS system only for medical purposes. Access is monitored and for current active patient use only and violation of this will cause removal of access. 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.**

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Physician's Signature