



Referring Physician's request for Remote Access

This Form is intended to supply information to Progressive Medical Imaging. PMI will insure security of Patient Data along with mandatory authorization of Physician's and their Partners to view patients data stored at Progressive Medical. Please fill out the information below completely and accurately this will allow for access to the patient information Progressive will provide for the Referring Physicians or Practices. Below Each Physician will print or type First and Last name followed by the names of the physicians he/she will allow in there practice to view their patients. The username will be first initial and then last name, the physician will be responsible for providing a password or one will be provided for you. The authorization of other physicians is solely the responsibility of the physicians if changes need to be made or if additions needed to be addressed. Unauthorized use of the access or patient data will result in termination of user account liable. One login per physician and multiple sessions per physicians are not supported.

Physicians First Name _____ Last _____

Password _____

Other Physicians Authorized

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Signature of Physician _____ Date _____

Disclaimer: Progressive Medical Imaging is not responsible for unauthorized use of remote access accounts after they are created for the Physicians. It is the Physicians and practice responsibility to insure accounts are only used be the Physician it was created for. Any changes to accounts weather additions or removals are the sole responsibility of the Physicians or Practice.