

The Valley  Health System
External Computer Access Request

COMPLETE AND FAX TO (702) 853-8953

Date: _____ Assigned ID (Office use only): _____

Please select the appropriate Access: Physician AHP Office Staff Medical/PA Student

Last First Initial

Physician ID: _____ Specialty: _____

****YOU MUST SUPPLY EITHER A FAX NUMBER OR AN EMAIL IN ORDER TO RECEIVE YOUR LOGIN ID****

Complete Telephone #: _____ Email Address: _____

Complete Fax Number: _____

Member of what group(s): _____

APPLICATIONS REQUESTED (please check below)

CERNER (Citrix Login Required)

VHS Network Access (must check this box for applications below)

Radiology PACS Cardiology PACS MUSE

CEN DES

SPR SUM VAL

OB Link/OB Air Strip- CEO Signature Required _____

Other (please specify) _____

Physician Signature: _____

Database Administrator Signature: _____

Please select all applications requested. Additional forms require completion based upon your selections. If you have any questions, please contact Barbara Smith at 702-388-4751 or Red Manalo at 702-477-6544.