



WASHINGTON
IMAGING
SERVICES, LLC

in association with



**INFORMATION SERVICES – INTEGRADWEB & WEBCHART SYSTEM REQUEST
FOR REFERRING OFFICES**

INSTRUCTIONS

- Each user account request requires its own form. (no multiple requests on a single form)
- Each user account must be accompanied by the provided non-disclosure form, which must be signed and dated.
- Along with a cover page, please fax both completed forms to:
WIS IS Dept - Attn: Referring Office Coordinator
Fax number: (425) 451-3860

**PLEASE FILL OUT ALL INFORMATION IN A CLEAR AND READABLE MANNER (NO CURSIVE PLEASE)
ILLEGIBLE OR INCOMPLETE FORMS WILL NOT BE PROCESSED**

OFFICE NAME: _____

Medical staffperson authorizing and /or coordinating this request:	Name _____
	Signature _____
	Phone Number _____

New or existing user? (Please check only one) → New user ~ or ~ Existing User

NAME: _____ **INITIALS(3)** _____ **PASSWORD:** _____

WORK PHONE: _____

- Password requirements*
- ✓ UPPER CASE
 - ✓ 6-8 characters long
 - ✓ Letters and numbers only
 - ✓ Have at least 1 number
 - ✓ Please do not use dictionary words or names

COMPUTER SYSTEMS

- INTEGRADWEB for PACS imaging and data on the internet**
- Web chart**

OHMC/WIS USE ONLY: Remote Access YES
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Please check your appropriate title

- | | | |
|---|---|--|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Certified Nurse Practitioner |
| <input type="checkbox"/> Midwife | <input type="checkbox"/> MA | <input type="checkbox"/> Other _____ |

<u>Notes:</u>
