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**PACS Portal Access Request Form**

Please complete the form and fax to **703.451.3340** to request access to Diagnostic Radiology's PACS Portal. Please allow up to 2 business days for your request to be completed. You will be notified via phone once completed.

Provider Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

Is this a group practice?  Yes  No

Is yes, please indicate if you would like individual usernames and passwords, or a group username and password: \_\_\_\_\_

Additional Provider: \_\_\_\_\_

Additional Provider: \_\_\_\_\_

Additional Provider: \_\_\_\_\_

Additional Provider: \_\_\_\_\_

Additional Provider: \_\_\_\_\_

Additional Provider: \_\_\_\_\_

Additional Provider: \_\_\_\_\_