

REQUEST FOR USER ACCESS FORM

Please provide the following information in order to obtain access into Northern Arizona Radiology's PACS or Online Appointment Request system.

Please circle which system(s) you are requesting access for:
PACS / Online Appointment Request

Last Name:

First Name:

Suffix:

NPI:

Phone Number:

Fax Number:

Email Address:

Mailing Address:

City:

State:

Zip:

Preferred method of contact? Fax / Email

Please fax this completed form to 928-773-2521. You will receive user documentation with your log-in(s) as soon as they are available.