

# GREENWICH RADIOLOGICAL GROUP, P.C.

49 LAKE AVENUE GREENWICH, CT 06830  
Phone (203)869-6220 Fax (203)869-2672

## REQUEST FOR ACCESS TO PACS

I am requesting access to the Greenwich Radiological Group's PACS system.

PRINT NAME	
USERNAME REQUESTED (at least 5 characters, case sensitive)	
PASSWORD REQUESTED (at least 8 characters, case sensitive)	
USER FAX #	
USER EMAIL	
PRACTICE NAME AND ADDRESS	

Patient information is confidential and protected by law. Access to information may be audited. Any unauthorized access, misuse, or disclosure is strictly prohibited.

I agree to respect patient confidentiality,

Signature

Date

Please fax this request to (203)869-2672  
Mail original copy to 49 Lake Avenue, Greenwich, CT 06830

*For further information, please check our website:*

**[www.greenwichradiology.com](http://www.greenwichradiology.com)**