



**PHYSICIAN APPLICATION**

**PACS REMOTE ACCESS**

1. Physician Name: \_\_\_\_\_

2. Office Contact Name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

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

3. Is your membership in good standing with the College of Physicians and Surgeons?

Yes  No

4. Please provide your BC College # \_\_\_\_\_ and MSP # \_\_\_\_\_

5. In making this application, I confirm that I am aware of and fully compliant with BC's Personal Information Protection Act. . I will not use or disclose any identifiable patient information obtained through web-based access to the data held by MedRay Medical Imaging (whether received or created before or after the date of this agreement) except for the purpose of providing continuing patient care.

6. Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

7. When Application has been approved a weblink with instructions to download the software and view images will be forwarded to you via e-mail. .You will be assigned a username and temporary password. You will be prompted to change your password on your first login.

Fax form to: MedRay PACS Admin @ 604.942.4612  
Please allow five business days for your application to be processed.