



PHYSICIAN APPLICATION - PACS REMOTE ACCESS

Physician Name: _____

Office Contact: _____ Contact Phone # _____

Email: _____

BC College # _____ MSP # _____

I confirm that my membership with the British Columbia College of Physicians and Surgeons is in good standing. I am aware of and fully compliant with the Personal Information Protection Act in BC. I will not use or disclose any patient information held by Valley Medical Imaging obtained through web-based access, except for the purpose of providing ongoing patient care.

Physician Signature _____ Date: _____

On approval on the application, instructions for viewing images will be provided via email and will include a weblink to download the software.

An account will be set up for you with an assigned username and temporary password. You will be prompted to change your password on your first login.

**Kindly complete and fax this form back to
VALLEY MEDICAL IMAGING**

Fax: (604-795-3543)

Please allow three business days for your application to be processed.