INFORMATION ACCESS REQUEST FORM
SUNRISE XA ORDER ENTRY

USER'S NAME: _____

NETWORK LOGIN ID: _____

SUPERVISOR'S SIGNATURE: _____

☐ **ISSUE NEW ID** ☐ **UPDATE EXISTING ID** ☐ **DELETE EXISTING ID**

SELECT THE APPROPRIATE:

☐ **InptAdmissions Staff** ☐ **Front Desk Registration Staff** ☐ **CMA Front Desk**

☐ **Lab Other Users (non-super users)** ☐ **Laboratory Super Users** ☐ **Lab Non Tech** ☐ **Lab Phleb**

☐ **Radiology Personnel** ☐ **Respiratory Care/Pulmonary Function Lab**

☐ **Dietician** ☐ **Social Worker**

☐ **MD Faculty and Residents** ☐ **MD w/Chemotherapy orders**

☐ **Med Students** ☐ **Nursing Student**

☐ **Staff Pharmacists** ☐ **Non UHS Pharmacists** ☐ **Pharmacy Administration** ☐ **Other Pharmacy**

☐ **CND, PCC, Admin Dir, Assoc Admin** ☐ **RN** ☐ **LVN**

☐ **Medical Assistants, Techs assisting RN's**

☐ **Case Managers** ☐ **Transfer Center**

☐ **Techs, Attendants, & PCA** ☐ **Unit clerks**

☐ **REVIEW ONLY (Can review charts but not edit data)** ☐ **UPG Coder/Billing**

MEDICAL RECORDS STAFF

☐ **Management Staff** ☐ **Other:**_____

Email address (required for Secure Messaging):

_____**@uthscsa.edu** **or**

_____**@uhs-sa.com**

DEA #:_____ **DPS #:**_____

FOR OFFICE USE: **T#**_____
DATE COMPLETED:_____ **COMPLETED BY:**_____

Rev 08/08