**DOWNTOWN RADIOLOGY**

x-RAY - Ultrasound - Fluoroscopy - Bone mineral density

**PHYSICIAN APPLICATION - PACS REMOTE ACCESS**

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

BC College #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MSP # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For group practices,** if you wish to allow colleagues within your medical group to remotely view your patients’ medical imaging reports and/or images, please provide the following information:

**Group Clinic Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE NOTE*:** Each individual physician in your group will be required to complete the PACS REMOTE ACCESS application form.

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 Wallgate Holdings Inc. dba. Downtown Radiology obtained through web-based access, except for the purpose of providing ongoing patient care.

Physician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On approval, instructions for viewing images along with your username and a temporary password will be emailed the email address provided on this form.

it is mandatory to change your password on your first login.

If you need personal assistance please make a note of it on this form and we arrange for personal demonstration and application training at your office.

**Please complete and Email or Fax back to:**

**Fax: (604)688-5123**

**Email: admin@downtownradiology.ca**

**Phone: (604)688-9428**

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