

Lincoln Radiology Imaging & Interventional  
WEB ACCESS REQUEST FORM  
PACS WebViewer (Vision Reach)  
7121 Stephanie Lane Suite 100  
Lincoln, Nebraska 68516  
(402) 420-3500  
Fax (402) 423-4100



Process Information (to be completed by IT Staff):

Requested Username: \_\_\_\_\_

Requester/Facility – Sent By: \_\_\_\_\_ Date: \_\_\_\_\_

**User Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Credentials / Job Title \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone \_\_\_\_\_

Facility Fax \_\_\_\_\_

Please note the following information:

- You will be notified of the password assigned upon completion of account.

Users of this system must agree to the following:

- All information obtained is strictly confidential and subject to HIPPA regulations.
- User accounts are non-transferable, and the user is responsible for all information obtained.

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_