

UWMC ANESTHESIA SYSTEM USER SECURITY FORM

For security purposes at UWMC, all staff **must** request an account for the OR Anesthesia systems with this form. Please fill out this form **completely and legibly** to avoid delay and forward this request to your Manager/Supervisor for signature.

Legal Last Name	Legal First Name	Middle Initial
AMC Login	Department	
UW Email	Work Phone	

Please fill-out <u>ONLY</u> the needed access.
<p>Docusys Access:</p> <ul style="list-style-type: none"> <input type="checkbox"/> DocuView Web <input type="checkbox"/> Closed Report Viewer <input type="checkbox"/> Docusys Case Viewer <input type="checkbox"/> DocuSafe Intraop Module

Manager's Signature: _____ Date: _____

Manager's Printed Name: _____ Email: _____

Return this completed form to: UWMC Docusys Support Team, Surgery Pavilion: SP2261

Please note that we still need the original copy of the signed form on file even if you send us an electronic copy or unsigned form.

<u>For Office Use:</u>		Activate	Date	Initial	Deactivate	Date	Initial
Docusys Support	<u>User Group</u>						