



Referring physicians must be registered with us in order to access the patient database. Please complete, sign and fax this form to us at **(757)-965-4195**. If you have specific needs or want to register as a group, please email us at support@mri-ct.com with your request.

PACS Web Access request form

User type: ___ Physician ___ Medical Assistant ___ Office Staff
Name: Last _____ First _____ M-Initial ___
Group Name: _____
Address: _____
Address: _____
City, State, Zip _____
Email Address: _____
Phone Number: (____) _____
Practice Manager / Primary Contact _____

By signing I understand that I am gaining access to Protected Healthcare Information

Signature _____

We will contact you promptly when the account is created. For first time access please follow these directions:

1. From Internet Explorer: www.mri-ct.com
2. Click on: **New Pacs**
3. Click on **Login**
4. User Name: user’s first initial and last name (no spaces) ex: “jsmith”
5. Password: On the first log-in it will be “12345” and click **Change Password**
At Change Password screen:
 - a. Enter **User Name** (first initial and last name)
 - b. Enter **Old Password** (12345)
 - c. Enter **New Password**
 - d. Confirm **New Password**
 - e. Enter or OK
 - f. Close out of Password Screen by clicking X in upper right corner.
6. You will be directed back to the **Login Screen** where you will now enter the new password you created. Click **OK**.
7. Double Click on **vbwfm** (there will be two, either may be used).
8. Double Click on **search** (there will be two, either may be used)
9. Single click on **Patient Name** box
10. Type: last name,first initial (no spaces) ex: “Hartford,j”