



757-965-1144

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"