

Registration Form

E-Signature of Telephone Orders

Date:	
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****PLEASE PRINT****

Physician Information

First Name:		Last Name:	
User Name:			
Email:			
Office Phone:			
Cell Phone:			

Preferred method of contact:	<input type="checkbox"/>	Office Phone	<input type="checkbox"/>	Cell Phone	<input type="checkbox"/>	Email
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Alternate Signers (Who can sign your orders in your absence)

First Name:		Last Name:	
First Name:		Last Name:	
First Name:		Last Name:	
First Name:		Last Name:	
First Name:		Last Name:	
First Name:		Last Name:	
First Name:		Last Name:	
First Name:		Last Name:	

**** Place any additional alternate signers in the back of this form ****

How would you prefer to receive training? (Check appropriate box)

	Go to the Physician Informatics Office (Appointment or Walk-In)
	Attend the Open House Session (First week in February)
	Remote Training (An Information Systems Representative will remote into your computer and walk you through the electronic signature workflow)
	I waive my training as I already sign my reports electronically.

Please return the completed registration form by January 18th, 2010

You may submit your form in any of the following ways;

1. Drop Off at the Physician Informatics Office (First Floor –Wingate)
2. FAX form to (626) 397-2901
3. Email form to Jennifer Nunnery at jennifer.nunnery@huntingtonhospital.com