

Physician Office Access (POA) New User Form

Please complete this form and sign below for employees/physicians to be given a user name and password for NovoPath Physician Office Access (POA).

Client Name: _____

Client Address: _____

Client Phone Number: _____

Please Select One Option

- Access Reports for this location only
- Access all reports for providers at this location regardless of ordering location

POA New User Information			
Last Name	First Name	Corporate E-Mail Address	Is User a Physician?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorized Signature _____ Date: _____

Print Name _____

Please notify marketing@sbmf.org to inactivate users who no longer need access to POA and EReq.

Email completed form to: marketing@sbmf.org

For Internal Use Only: Account View Provider View