

RADSOURCE PACS APPLICATION



PHYSICIAN INFORMATION

Name of Facility: _____

Primary Physician Name & Credentials: _____

Address: _____

NPI: _____

Office Phone: _____ Office Fax: _____

Main Point of Office Contact: _____

Main Contact Phone: _____

Email: _____

(This will be the email address used for access to the PACS portal.)

ADDITIONAL PHYSICIANS AUTHORIZED ACCESS TO YOUR PACS PORTAL

Physician Name & Credentials: _____

NPI: _____

Physician Name & Credentials: _____

NPI: _____

Physician Name & Credentials: _____

NPI: _____

Physician Name & Credentials: _____

NPI: _____

Physician Name & Credentials: _____

NPI: _____

PLEASE FAX TO LAKESIDE MRI & DIAGNOSTIC HEALTH AT 281-554-8407.