



# **OVERLAKE MEDICAL CENTER**

## **Information Services Request**

Please fill out the following information. A copy of photo identification must be attached before Overlake Medical Center system access will be granted.

PLEASE PRINT CLEARLY when filling out this form.

Institution Name \_\_\_\_\_

Position \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Name \_\_\_\_\_ Initials \_\_\_\_\_ Last 4 SSN# \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Yes  No Copy of Government Issued ID attached

If you have any questions, please call Clinical Education at 425-688-5882.

Overlake use only below

### COMPUTER SYSTEMS

Yes  No Epic

Yes  No Omnicell (Pharmacy)

Yes  No Other \_\_\_\_\_ Comparison User \_\_\_\_\_

Comments

Director, Manager or Supervisor

Signature \_\_\_\_\_ Date \_\_\_\_\_