



Allscripts Enterprise
User Request Form

****All information MUST be completed in order to issue an account****

Add User	Change User	Inactivate User	Clinic Location(s):	Hospital Location(s):
First Name:			Baptist	Terraces
Last Name:			BSC Chestnut	LSU SON Dent
Effective Date:			Kenner Ste.	LSU SON Emp
			Metairie Multi	N.O. East
			St Charles Floor	Other
			Westbank Card	ILH
			Westbank Multi	Kenner Regional
				Other

**Include an end date for Residents/Medical Students*

Email:	Phone:
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Affiliate Group:	LSU Healthcare Network	LSU Health Science Ctr.	Other
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Role:	Physician	Nurse Practitioner	Physician Assistant	Resident	BSC Resident	Med/Peds Resident
	Fellow	Nurse-RN	Nurse-LPN	Medical Assistant	Call Center	Front Desk
	IT	Administration	Billing	Clinic Director/Manager	Other:	Scheduler

*****Physician/Fellow/Resident/Nurse Practitioner/Physician Assistant Use ONLY*****

NPI:	Department:
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Specialty/ Subspecialty:

State License Number:	State:	Expiration Date:
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DEA License Number:	Expiration Date:	Controlled Substance Levels Permitted
		C-II C-III C-IV C-V

Does this provider require the supervision of another provider in order to prescribe: **Yes** **NO**

The above information is true and correct to the best of my knowledge. I have received a copy of the LSU Healthcare Network Confidentiality Agreement and agree to be bound by the terms and conditions associated with the issuance of user accounts as defined by LSU Healthcare Network and/or network affiliates. I will not share nor reveal my password with anyone under any circumstances. I understand that issuance of an Allscripts user account is a privilege and that improper usage may lead to account suspension, termination, and investigation by authorities.

Applicant Name:	Title:	Signature:	Date:
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Clinic Director/Manager/Dept. Head Name:	Title:	Signature:	Date:
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*****Office Use ONLY*****

Date Received:	Date Completed:	Completed By:	User Name:
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