

RightFax

Request for access to Laboratory folders in RightFax Util

Request Date: Requester Name/Title			
Required Information:			
Employee Name	Employee Log-in	Employee Name	Employee Log-in
Employee Nume	Employee Log III	Employee Hume	Employee Log III
Please indicate the region for	or which access is needed (r	equired)	
Adeptus			
Beaker Cheyenne			
Beaker Csprings			
Beaker DenMetro			
Beaker NOCO			
Beaker Sendouts			
Is this request for a Supervi	sor or Manager?		
Yes, please grant access	as an owner.		
No, this employee will be	e performing basic fax monit	coring tasks.	
Requ	est for access to Incoming (Outpatient orders	
MH_Lab_Faxes	719-365-2700	719-365-5762	
PVHS_Lab_54151	970-490-4151		
I PH Lah RightFax	720-718-0902		

This completed form must be submitted via Service Manager or when emailing to an LIS Analyst.