



CLINIC & PROVIDER SETUP FORM

Use this form to set up ordering providers, clinic notifications, and staff access for imaging reports.

Please fax back or email to HDI@Hitchcock.MD | Fax: (423) 769-0020

Clinic information

Clinic name		Main fax	
Street address		City / State / ZIP	
Contact person		Contact title	
Clinic notification email		Phone	
Preferred notification method		Notes	

Ordering providers

List each clinician who may send imaging orders to Hitchcock Direct Imaging.

Ordering provider name	Credentials	NPI number	Notification email

Staff report access

List staff members, such as RNs or care coordinators, who need individual login access to retrieve reports.

Staff name	Role / title	Email for login	Access notes

For report access security, each staff member should use an individual login. Please do not share accounts between staff members.