

# MCL

Med Center Labs



## WEBSITE ACCESS REQUEST

First Name:

Last Name:

**(Note:** Your Username will be your first initial + last name. **Example:** John Smith = jsmith)

Password:

**(Note:** Your Username & Password will be all lower case.)

Fax to: *Houston 713.838.9540, DFW 682.888.0002, San Antonio 210.308.7235, Corpus Christi 361.991.6807 & El Paso 915.779.8789*

By signing my name below, I agree to keep this username and password confidential. Further, I agree to use this account only while performing my duties during the regular course of business. Also, I agree to access test results for only those residents/patients for whom I am medically responsible.

\_\_\_\_\_  
Employee Signature

M	M	D	D	Y	Y
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Date Signed

Please Print Facility Name

----- Office Use Below: -----

Validated by: \_\_\_\_\_

Facility Number(s): →  
(Fill In Before Submitting)

F	A	C	#
F	A	C	#
F	A	C	#

Entered By:  

F	M	L
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Join Facilities?  
Yes:  No:



Revised: 04/08/2011