Greig Associates

X-RAY, ULTRASOUND, BMD & MAMMOGRAPHY INC.

INTELECONNECT ACCESS REQUEST

Physician Name: _____

MSP #: _____

Office Address: _____

_____

Office Phone Number: _____

Email Address: _____
(Patient notifications will be sent to this address)

Upon processing of this form, an email will be sent to the Physician containing a Username, Password and link to the system.

Please fax the completed form to 604-321-6626

Thank you.