



**INFORMATION SERVICES REQUEST**

Please fill out the following information. A copy of photo identification must be attached before Overlake Hospital system access will be granted.

PLEASE PRINT CLEARLY when filling out this form.

Institution Name \_\_\_\_\_

Position \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Name \_\_\_\_\_ Initials \_\_\_\_\_

Contact phone number \_\_\_\_\_

YES  NO Copy of Photo ID attached

If you have any questions, please call Mary Jo Selg, RN, MN, at 425-688-5254.

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Overlake use only below

**COMPUTER SYSTEMS**

YES  NO Meditech

YES  NO IBEX (ER use only) Comparison user \_\_\_\_\_

YES  NO Omnicell (Pharmacy)

YES  NO Other \_\_\_\_\_ Comparison User \_\_\_\_\_

**Comments**

Director, Manager or Supervisor's

Signature: \_\_\_\_\_ Date \_\_\_\_\_