

North Shore Medical Imaging

MRI | X-Ray | Mammography | Ultrasound | Bone Density

North Vancouver

Head Office
139 West 16th Street
North Vancouver, BC V7M 1T3
Tel: 604 987 9729
Fax: 604 984 8395

West Vancouver

Hollyburn Medical Centre
110 - 575 16th Street
West Vancouver, BC V7V 4Y1
Tel: 604 922 9141
Fax: 604 922 6348
www.nsmi.ca

PACS Remote Access

Physician Name: _____

BC College # _____

MSP # _____

Email: _____

Office contact name: _____

Office phone # _____

I confirm that my membership with the British Columbia College of Physicians and Surgeons is in good standing. I am aware of and fully compliant with the B.C. Personal Information Protection Act. I will not use or disclose any patient information held by North Shore Medical Imaging Inc. obtained through the web-based access except for the purpose of providing continuing patient care.

Physician Signature: _____

Date: _____

Upon approval of this application, a username, password, instructions for downloading the software and viewing images will be forwarded to you via email.

Please fax the completed form to:

NSMI PACS Admin

604 984 8395

Please allow 3 business days for your application to be processed.