Non Staff Provider Cerner Request Form

Provider Name: _____

_____

Technologist completes this section and sends this form and a copy of the exam order to his/her Manager.

Provider NPI: _____

_____

Provider License Number: _____

_____

Practice Name: _____

_____

Practice Phone: _____

_____

Practice Fax: _____

_____

Practice Address: _____

_____

_____

Manager completes this section and sends this form to Vanessa Hefelfinger (vanessa.hefelfinger@ascension.org) in Medical Staff.

Go to http://ref.mcbradiology.com/ under Non Staff Provider on main page for Request Form and links to NPI, FL License

   & GA License lookup websites.