



## Transfer To PACS Request Form

Facility Name: \_\_\_\_\_

Fill in the information below to set up an Authorized User to have Transfer to PACS functionality enabled.

Users Full Name	Email Address	Phone Number	myConnections User Name

\_\_\_\_\_  
**RHIO Administrator**

\_\_\_\_\_  
**RHIO Administrator Signature**

**PLEASE SUBMIT TO [SUPPORT@HEALTHCONNECTIONS.ORG](mailto:SUPPORT@HEALTHCONNECTIONS.ORG)  
OR FAX TO 1-315-407-0053.**