Interior Health

Request Form for Electronic Documentation Access (MEDITECH pDOC)

NOTE: This request form should <u>ONLY</u> be completed by IHA Medical Staff working in the Inpatient hospital setting.

Do not submit if you are working at Royal Inland Hospital, South Okanagan General Hospital, working in an electronic Emergency Department or in the community setting.

HOSPITAL SITE:

HOSPITAL DEPARTMENT: *select all that apply

☐ Anesthesiology	☐ Family Practitioner/Hospitalist	☐ Neurology
☐ Cardiology	☐ Internal Medicine	☐ Pediatrics
☐ Family Practitioner/Hospitalist	☐ Obstetrics/Gynecology	☐ Surgery
Other Inpatient/Hospital Department not listed above:		

PROVIDER INFORMATION:

Name:	Mnemonic:
Email Address:	Phone:

REQUESTOR INFORMATION: *If requesting access on behalf of Provider

Requestor Name:	Requestor email:

MEDITECH pDOC electronic documentation can be created with or without M*Modal Fluency Direct voice recognition. If requesting M*Modal Fluency Direct to use in conjunction with MEDITECH pDOC, complete this section

M*Modal Fluency Direct Access	☐ YES ☐ NO
Hospital Workstation	☐ Hospital ward dictation station ☐ Other (exam room / office)
Workstation Names	

*See label on the monitors or computer for name, example KHSITCN2.
Please email documentationsupport@interiorhealth.ca directly if you are unable to use the form.

<u>Please Note</u>; MEDITECH pDOC training is required prior to documenting electronically.