



**Please provide the following information for access to [images.adrad.com](http://images.adrad.com)**

**Practice Name:**

**Practice Address:**

**Practice Telephone Number:**

**Practice FAX Number:**

**NPI#:**

**Last Name, First Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Are you requesting access for yourself?**      **Yes**      **No**

**Cellphone Number for access:** \_\_\_\_\_

\*Our Image Share System requires 2 Factor Authentication which is activated via Text (SMS)

**List all individuals that need access and complete below.**

Applicant Last Name, First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Last Name, First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Title: \_\_\_\_\_

**Please email completed form to [getconnected@adrad.com](mailto:getconnected@adrad.com)**



**Continued if applicable:**

Applicant Last Name, First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Last Name, First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Last Name, First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Last Name, First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Title: \_\_\_\_\_

\*You may submit more copies of this form if more space is needed.

**Please email completed form to [getconnected@adrad.com](mailto:getconnected@adrad.com)**