



SWEDISH MEDICAL CENTER
PYXIS MEDSTATION ES USER ACCESS REQUEST FORM

A. PLEASE PRINT Last Name First Name MI (required)

B. Use Type Area(s) Worked Campus
Nurse Technician, Pharmacist, Pharmacy Technician, Physician/CRNA, Respiratory Therapist, Staff Nurse, Travel/Agency Nurse, Other
Acute Care, Addiction Recovery, Behavior Sci, Cath Lab, Critical Care, Emergency Dept, Endoscopy, Float Staff, Group, IV Therapy, Obstetrics, Oncology - inpt, Pain Clinic, Pediatrics, Radiology, Rehab, SCI, Surgical Services, Telemetry, Other
Ballard, Cherry Hill, Edmonds, First Hill, Issaquah, Mill Creek, Redmond, Other

C: Nurse Manager Use:

I approve the above access for this individual in accordance with Swedish Medical Center policy on Automated Medication Dispensing. All access requirements must be verified as completed prior to signing.

Your signature on this form serves as verification that this user is competent to utilize the Pyxis Medstation ES system and has completed all requirements for access. The individual's name on this form is currently an employee or affiliate of Swedish Medical Center in the capacity indicated above. I will notify the Pharmacy department immediately if the user's employment status changes.

Manager Signature Date
Print Name

D: User Acknowledgement and Signature:

By signing this form, I acknowledge that:

- I have completed the Pyxis Medstation ES Training Module.
I understand that my Bio-ID and password are my electronic signature for all transactions in the Pyxis Medstation system and that I will be held accountable for all transactions performed under the login ID assigned to me.
It is my responsibility to know and understand the policies and procedures related to the use of the Pyxis Medstation ES.
If I believe my password has been discovered, I will immediately change it and report this to my manager.
I will not share my password with anyone. It is my responsibility to keep it secure.
Check this box only if: I choose to OPT OUT of using Bio-ID (i.e. I prefer to use a password instead of a biometric finger scan upon login).

User Signature Date

All campuses (except Issaquah and Edmonds) fax forms to (206) 386-6012. Issaquah, fax form to (425) 313-5511 Edmonds, fax form to (425) 640-4182.

Login ID/ADI: