Swedish Health Systems
Nursing Student Pyxis Medstation Access

Date to begin access: _____ / _____ / _____   Last date of access: _____ / _____ / _____

Nursing Program: _____

Nursing Instructor: _____ E-mail Address: _____
(Print Name)

Phone/Pager: _____

Clearly print your name. (Pharmacy must be able to read it.) By signing below, you are accepting responsibility for the security of your password and for all activity that occurs in the Pyxis Medstation under your user ID and Password. Before signing, you must complete the Pyxis Medstation Tutorial and read and understand the Swedish Medical Center Pyxis Automated Dispensing System Policy and Procedures. Your User ID will be the same as your Swedish Medical Center assigned ADI login ID.

Last Name	First Name	Nursing Unit(s)	Signature

All students listed above are nursing students enrolled in the indicated program.

Signature of Nursing Instructor (click to sign): _____

First Hill/ Ballard/ Cherry Hill/ Issaquah/ Mill Creek /Redmond fax to: (206) 386-6012.   Edmonds fax to: (425) 640-4182.

SWEDISH