

# Remote Access Authorization

**Client Information**

**Practice:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Person at Practice:** \_\_\_\_\_

**Remote Access Request for:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Location of Remote Access:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of computers:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

I, \_\_\_\_\_, of the practice listed above authorize OCERIS, Inc to grant remote access to the individual at the location above for the noted number of computers and duration.

*Practice Administrator:*

\_\_\_\_\_  
Printed Name Signature Date

*Physician/Owner:*

\_\_\_\_\_  
Printed Name Signature Date