



Radiology/Imaging
1221 South Broadway
Lexington, KY 40504
(859) 258-4181 Phone
(859) 258-4019 Fax
LexingtonClinic.com

PACS–IW Enrollment Form

Please fax the completed form to (859) 258-4019 or mail to:

Lexington Clinic
IT Department PACS
1221 South Broadway
Lexington, KY 40504

A representative will contact you soon.

- I am interested, but would first like to experience a demonstration.
Please have a representative contact me.
- I am interested, and would like to begin accessing images online using Centricity PACS–IW.

Name: _____

Hospital, Group Practice or Clinic Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Office Administrative Contact Name: _____

E-mail Address: _____

Please note, in the future, we will use this e-mail address to immediately notify you when reports and images are available for viewing.