



**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.*