Last Revised: 03/2022



## DrFirst<sup>™</sup> Staff Registration Form

Practice Name: Client ID:				
Staff Info:				
First Name:		Middle Initial:	Last Name:	
	ı			
☐ Non-Clinical		ractice	This person can send out prescriptions	Remove?
Role: (can view but cannot add allergies/meds)	Adm	inistrator*:	on behalf of the provider:	
(can view and add allergies/meds)	☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes
Staff Info:				
First Name:		Middle Initial:	Last Name:	
			TI	
□ Non-Clinical  Role: (can view but cannot add allergies/meds) □ Clinical		Practice inistrator*:	This person can send out prescriptions on behalf of the provider:	Remove?
			'	_
(can view and add allergies/meds)	□ Y	es 🗆 No	☐ Yes ☐ No	☐ Yes
Staff Info:				
First Name:		Middle Initial:	Last Name:	
□ Nac Clinical	F	Practice	This person can send out prescriptions	
□ Non-Clinical  Role: (can view but cannot add allergies/meds) □ Clinical		inistrator*:	on behalf of the provider:	Remove?
			☐ Yes ☐ No	☐ Yes
(can view and add allergies/meds)	☐ Y	es 🗆 INO	□ Tes □ INO	□ res
Staff Info:				
First Name:		Middle Initial:	Last Name:	
☐ Non-Clinical	F	ractice	This person can send out prescriptions	D 0
Role: (can view but cannot add allergies/meds)		inistrator*:	on behalf of the provider:	Remove?
☐ Clinical	□ Y	es 🗆 No	☐ Yes ☐ No	☐ Yes
(can view and add allergies/meds) Staff Info:				
First Name:		Middle Initial:	Last Name:	
	ı			
☐ Non-Clinical		ractice	This person can send out prescriptions	Remove?
Role: (can view but cannot add allergies/meds)  □ Clinical	Administrator*:		on behalf of the provider:	
(can view and add allergies/meds)		es 🗆 No	☐ Yes ☐ No	☐ Yes
*This person has the ability to reset login passwords and disable DrFirst <sup>TM</sup> access within the practice.				
Authorized Signature:		Date:		

By signing the above, I hereby authorize Genius Solutions to set up the above accounts through DrFirst™.