



# DrFirst™ Staff Registration Form

Practice Name:	Client ID:
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Staff Info:			
First Name:	Middle Initial:	Last Name:	
Role: <input type="checkbox"/> Non-Clinical (can view but cannot add allergies/meds) <input type="checkbox"/> Clinical (can view and add allergies/meds)	Practice Administrator*: <input type="checkbox"/> Yes <input type="checkbox"/> No	This person can send out prescriptions on behalf of the provider: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remove? <input type="checkbox"/> Yes
Staff Info:			
First Name:	Middle Initial:	Last Name:	
Role: <input type="checkbox"/> Non-Clinical (can view but cannot add allergies/meds) <input type="checkbox"/> Clinical (can view and add allergies/meds)	Practice Administrator*: <input type="checkbox"/> Yes <input type="checkbox"/> No	This person can send out prescriptions on behalf of the provider: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remove? <input type="checkbox"/> Yes
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\*This person has the ability to reset login passwords and disable DrFirst™ access within the practice.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Upon completion, please email paperwork to [ehrsupport@geniussolutions.com](mailto:ehrsupport@geniussolutions.com)