

BEAUMONT HOSPITAL - WAYNE

PYXIS SYSTEM ACCESS REQUEST FORM

Pharmacy Use Only

Complete and forward to Sandy Schmitt at Sandra.Schmitt@beaumont.org

CIRCLE ONE: ADD CHANGE DELETE

REQUIRED FIELDS* PLEASE PRINT CLEARLY

Employee Name* _____

Employee 6 Digit ID Number* _____

User ID (Will be your Pyxis ID)* _____

User Group (RN, RPh, RT, etc.)* _____

Nursing Unit / Department* _____

Circle One: Full time Part Time OSS Flex

Primary Site :
BEAUMONT HOSPITAL - WAYNE

Manager's Name (Printed)* _____

Manager's Signature* _____

Pharmacy Approval _____

By signing this request, I agree to:
1) Reference only the data authorized and to use this authorization ONLY for Beaumont Health business.
2) Not to give my authentication code or password to anyone else, not allow anyone else to access or alter information under my identity, and not to utilize anyone else's authentication code or password in order to access information within Beaumont Health.
3) I acknowledge that I have completed the appropriate PYXIS training modules.

User Signature

Date: