STREAM USER ACCESS SETUP

ROLE: ☐ PROVIDER ☐ OFFICE MANAGER ☐ OTHER: _____

FIRST NAME: _____ **LAST NAME**: _____ **NPI**: _____

(Required ONLY if **PROVIDER** selected above)

EMAIL: _____ **CELL PHONE NUMBER**: _____

(Required for two-factor authentication)

CLINIC NAME: _____

List the provider(s) the above user needs access to in Stream.

PROVIDER FIRST NAME	PROVIDER LAST NAME	PROVIDER NPI

If at any point you need to change or remove access to Stream, please contact us at STREAM@stmatthewsrx.com

Please send completed form to STREAM@stmatthewsrx.com

You will receive a welcome email from stmatthewsrx@pbtnow.com shortly with your sign-in credentials and the weblink to access Stream!