

ACCURO EMR USER DELETION	
INSTRUCTIONS: Complete and return to: BCFHT – IT Dept. 3rd Floor, 370 Bayview Drive Fax: (705)797-8966	
USER INFORMATION	
First Name:	Last Name:
Accuro Username:	<input type="radio"/> Remove Provider Account
CLINIC INFORMATION	
Name of Clinic:	
Address of Clinic:	
Postal Code:	Private Line:
Phone Number:	Fax Number:
ACCESS CHANGES	
Effective Date (dd/mm/yyyy) :	<input type="radio"/> Immediate
Name of Approving Manager/Physician:	
Signature of Approving Manager/Physician:	Date (dd/mm/yyyy):
OFFICE USE ONLY	
User Account Inactivated: <input type="radio"/> Yes <input type="radio"/> No	
Accuro Completion Date:	Citrix Completion Date:
Signature of IT Staff:	
Details:	

