

**Lahey Epic Link Access Request Form for
Non-Physician Credentialed Clinicians, e.g., PA, NP, RN; Billers; and Coders**

To request access for a physician, please visit the [Lahey Epic Link site](#).

Date of Request: _____ Supervising (Referring) Physician (please print): _____

Requester's Name: _____
First M.I. Last Title (e.g., PA, NP, RN, biller, coder)

Specialty: _____ Requester's Email: _____

Employed by: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Signatures below from the requestor and supervising physician are mandatory for processing.

Requester's Signature: _____

Supervising (Referring) Physician's Signature: _____

BILH Physician/Locations

BILH hospital(s)

I refer patients to: _____ I admit patients to: _____

Please email this completed form to **EpicHelpDesk@lahey.org** and allow three business days for processing.

Please contact the Help Desk with any questions at EpicHelpDesk@lahey.org or 781-744-8888, Option 3.