



Pyxis User Access Form

This form is used to request access to PYXIS med stations; reset password; or change access to med station.
*** Requests must come from manager of unit or designate ***

Date: _____ Unit: _____ Meditech Mnemonic: _____

Employee Name: _____
(PLEASE PRINT LEGIBLY)

POSITION

<input type="checkbox"/> RN	<input type="checkbox"/> RN Student	<input type="checkbox"/> Physician	<input type="checkbox"/> EMT/Paramedic
<input type="checkbox"/> LPN	<input type="checkbox"/> LPN Student	<input type="checkbox"/> Nurse Educator	<input type="checkbox"/> CCP
<input type="checkbox"/> Respiratory Tech	<input type="checkbox"/> RT Student	<input type="checkbox"/> ESN	<input type="checkbox"/> ACP
Complete for Students Only: start date: _____ grad date: _____			

Please check & complete appropriate section below:

Add New User

- **Your Meditech Mnemonic is your PYXIS user id**
- Pharmacy will create by end of pharmacy hours next business day (Please contact super user to create a temporary user if urgent access required)
- You will be prompted to change the password the first time you login
- Passwords will expire every six months thereafter
- BioID will be activated for ALL users and never expire

Password Reset

- You will be prompted to change the password the first time you login

Modify existing Pyxis User Access

- **New** med station access Unit(s): _____
- **Terminate** access to med station Unit(s): _____

By signing this form I confirm that I am authorizing the above stated additions or changes to PYXIS access for the employee named above.

Authorized by: _____ Position: _____

Print Name: _____ Date: _____

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Complete and forward to hospital pharmacy