Beaumont Hospital-Dearborn
Pyxis Access Request Form

Nursing faculty to complete and forward to Sandy Schmitt at
Sandra.Schmitt@beaumont.org

Nursing Faculty Name: PLEASE <u>PRINT</u> CLEARLY

Last Name _____

First Name _____

School Name _____

LAN ID (from eletter)_____

User Role : <u>RN, Nursing Faculty</u> _____

Clinical Area: ( ) Med/Surg ( ) Critical Care ( ) Women & Children ( ) ED

( ) SSU ( ) Cath Lab OR ( ) Other (specify) _____

Department/Management Approval_____
　　　　　　　　　　　　　　　　　Sign

Department/Management Approval_____<u>Sandra Schmitt</u>_____
　　　　　　　　　　　　　　　　　Print

By signing this request, I acknowledge that I have been oriented on Pyxis be a staff nurse during unit faculty orientation and I agree to: 1) reference only the data authorized and to use this authorization ONLY for Beaumont health business. 2) ensure myself and my students are knowledgeable of polices/procedures regarding the use of Pyxis and medication administration

Nursing Faculty Signature　　　　　　　　　　　　　　　Date