

Tower EpicCare Link New User Information

***All fields are required**

New User Information:

First Name:

Middle Initial:

Last Name:

Credentials:

Title/Position:

Is the user employed through a 3rd party vendor/contract?

Site/Administrator* Information:

Site/Practice Name:

Site Administrator Name:

Site Administrator User ID:

Site Administrator Email:

Site Administrator Phone number:

*Site administrators are responsible for managing access to EpicCare Link for their site. On a yearly basis they will review and validate each user at their site to verify that their access should remain active.