

**PROMEDICA HEALTH SYSTEM**  
**Pharmacy Department**  
**ID and Pyxis Password Assignment Form**

**STATEMENT:**

I am requesting an ID for the Pyxis Medstation Rx system. I understand that, in combination with my password, which I will later select, and my registered Biometric ID (ie BioID/finger scan) or my ID badge barcode, this will be my electronic signature for all of my transactions in the Pyxis System for both controlled substance and patient care record keeping purposes. A time stamp and date will be affixed to my transactions. I also understand that removal of medications from Pyxis under a patient name may result in a charge to this patient and I will ensure that all medications removed are pursuant to a physician order or protocol to ensure accurate documentation and billing. These records will be maintained and archived as per the policies of Promedica Health System Pharmacy and will be available for inspection by the Drug Enforcement Administration (DEA), State Board of Pharmacy and the Board of Nursing.

I also understand that, to maintain the integrity of my electronic signature, I must not and will not give my personal password to any other individual or allow any other individual to access Pyxis while I am the user logged into Pyxis. Unauthorized access, release or dissemination of this information may subject me to disciplinary action. Should I have any suspicion that my personal password has become known to another individual, I will change it immediately and if deemed appropriate immediately report such to my unit manager.

**PROMEDICA FACILITY (Circle One)**    TTH/TCH    FLOWER    BAY PARK    WOSH    BIXBY  
FREMONT    FOSTORIA    HERRICK    MONROE    COLDWATER    DEFIANCE

**To be completed by all employees:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ PHS ID: \_\_\_\_\_

**Position/License:** (Circle One)    RN    RT    CRNA    CPhT    RPh    Instructor    **Unit/Area:** \_\_\_\_\_

If Temporary, Termination Date: \_\_\_\_\_ Narcotic Access Req'd: Yes or No

**USER ID AND PASSWORDS INFORMATION:**

<b>LEGACY/4000 System:</b>	<b>PYXIS USER ID:</b> _____ <small>( = Hospital ID)</small>	<b>PASSWORD:</b> _____ <small>(phs + last 5 digits of ID)</small>
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<b>NEW PYXIS ES System:</b>	<b>USER ID:</b>	<b>Hospital ID</b>	<b>PASSWORD: Same as EPIC</b>
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Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Staff Development, Nursing Director or PCS)

Entered into Pyxis by: \_\_\_\_\_ Date: \_\_\_\_\_