EPCS Request Form
(Please print legibly in the fields below)

Submit this request to Clinical Informatics Representatives:
Derrick Fleece @ fleecedo@covhs.org 806-725-0202, or
Amanda Lusk @ Amanda.lusk@stjoe.org 806-725-3748

Name:		
Specialty:		
Cell:	Email:	
Best Method of Contact: ☐ *Cell* ☐ *Email*		
Office Credentials Contact:	Contact Phone:	Contact Email:
Home Address:	Phone:	
Office Address:	Phone:	
DEA #:		
Have there been any changes to your Texas DEA since going through Credentialing? *Y / N* If yes, please include a copy of your DEA license.		
For which facility are you **primarily** needing EPCS? (Select ONE) ☐ *Covenant Medical Center* ☐ *Covenant Children's* ☐ *Covenant Specialty* ☐ *Covenant Plainview* ☐ *Covenant Levelland*		
Which other facilities will you need EPCS for? (Select all that apply) ☐ *Covenant Medical Center* ☐ *Covenant Children's* ☐ *Covenant Specialty* ☐ *Covenant Plainview* ☐ *Covenant Levelland*		

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Provider's Signature Date