**UHCare Ambulatory Provider Signature Request Form**

**For Providers:**

You are receiving this form because we currently do not have an electronic version of your signature loaded within the UHCare Ambulatory application, and one is needed for printed orders and prescriptions.

We need your help to capture and upload your signature to UHCare Ambulatory EMR—this should only take a minute or two of your time.

**Instructions:**

For New Practices working with a Senior Activation & Reinforcement team member. Please return all completed forms in one email to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For New Providers joining existing practices and/or New Residents please return completed form to: [UHCareAmbulatorySecurityDL@UHhospitals.org](mailto:UHCareAmbulatorySecurityDL@UHhospitals.org)

**Please print this form and print/sign your name below. Provide the completed form to a member of your office staff with the ability to scan and email from a UH multi-function printer.**

**Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please sign in the following box – ENTIRE SIGNATURE MUST REMAIN WITHIN THE BOX BELOW.**

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