

Fax Discontinuation Form

Please validate your interfaced or iNexx Inbox results prior to requesting fax discontinuation.
Once validation is completed please fax this form to the contact below.

Please note that this form is intended for Non-SHMG practices. For SHMG practices needing faxing changes please call the IS Service Desk at (616) 391-4357 or (1-HELP).

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|-----------------|--|---------------------|
| Spectrum Health | Fax to 616.267.9005 Or email signed form to pras.team@spectrumhealth.org | eSHare Support Team |
|-----------------|--|---------------------|

If there are any questions on this form or the fax shut off process please send to email LaboratoryServices@spectrumhealth.org and/or pras.team@spectrumhealth.org

Practice Name: _____

Practice Providers (Please list all physicians, PAs and NPs):

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Practice Fax Numbers (Please list all practice fax numbers):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Date and time to discontinue faxed results: _____

It may take up to 5-7 business days to stop the faxes.

We would like to discontinue paper receipt of patient results via fax/printer. We understand that we will no longer receive paper copies of the reports via fax/printer but will receive them electronically (via interface or iNexx Inbox.) By signing below, I authorize the discontinuation of paper reports.

Signature

Name Title Contact Number