



USER TERMINATION REQUEST FORM

PLEASE fill out here first then print to fax to the below number:

<u>Employee Name:</u>	<u>User ID:</u>

Clinic/Practice Name:

Your Facility:

Manager (**Print Name:**)

Manager Signature:

CHRISTUS HEALTH IM USE ONLY:

Account(s) Terminated by:
(Initials)

Date Submitted:

PLEASE FAX TO 1.800.899.2903 OR FOR QUESTIONS CALL CHRISTUS SERVICE DESK AT 1.888.681.5123