107 N. Main Street
Wayland, NY 14572
Phone: (585) 728 – 2080
Fax: (585) 728 – 2198

WebConnect Sign-Up Form

Name (print): _____ Date: _____

Facility Name: _____

Request Access to:

- ☐ Patient Profile
  - ☐ View Profile
  - ☐ Update Profile information
- ☐ Process Refills
- ☐ Clinical (drug monographs, drug counseling)
- ☐ Print A/R Invoices

Supervisor Name: _____

Supervisor Signature: _____ Date: _____