



## FORGOT YOUR USERNAME OR PASSWORD?

Please provide the following information and fax completed form to PACS Support Team at (703) 321-3300 or click box above to submit by email.

\*First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Group Name : \_\_\_\_\_ or Solo Practice:

\*Check appropriate box(es):

Provide username reminder

Reset password

\*Phone Number: (\_\_\_\_\_) \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\* Required Fields



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