

OSI System Access Authorization Form



Doctor's Full Name: _____

Date: _____

Employee Number

Office Entity Code(s):

Grant Access To: _____
First *Last*

Grant Access To: _____
First *Last*

Grant Access To: _____
First *Last*

General Authorization List

Doctor's Initials

Authorization Type

Access to TimeClock reports.
 Allow access to Walrus.

Doctor's Initials

Authorization Type

Create a user@orthodon.com email account.
 Allow access to spark.orthodon.com

Abbey Road Financial Authorization List

Corporate Allocation Report
 Financial charts
 Future Services Report
 Monthly Production Statistics
 Profit and Loss Statement
 Practice Performance Report
 Profit Sharing Report
 Quarterly Statement
 Report Card
 Statistical charts

Dr. Compensations section (P&L & Qstat)
 Doctor Expenses section (P&L & Qstat)
 Rough Estimate Section (P&L)
 Salary information without Details (P&L & Qstat)
 Salary Details (P&L & Qstat)
 Active Account Balances section (Qstat)
 Compensation of Advance Reconciliation section (Qstat)
 Computation of Additional Retention section (Qstat)
 Approve and Edit Profit Sharing

Doctor's Authorization Approval

I hereby authorize **OrthoSynetics™** to grant full access to the systems which are initialed above only for the person(s) listed on this form.

 Doctor's signature

 Doctor's Full Printed Name

 Date

Please fax this document to the following number on completion: 1-972-616-9964 (Attn: Technical Support)