Please send the following information for access to images.adrad.com

Practice Name:

Practice Address:

Practice Telephone Number:

Practice FAX Number:

List all individuals that need access along with their Cellphone Numbers and email.

*Our Image Share System requires 2 Factor Authentication which is activated via Text (SMS)

Applicant First, Last Name: _____

Email Address: _____

Cellphone Number: _____

Applicant First, Last Name: _____

Email Address: _____

Cellphone Number: _____

Applicant First, Last Name: _____

Email Address: _____

Cellphone Number: _____

Please send filled out form(s) to getconnected@adrad.com