



Athena EMR Report Request

***Please note that it may take up to 2 business days for this request to be processed.*

Name: _____ Employee ID: _____ Phone: _____

Email: _____ Athena Username: _____

Job Title: _____

What department(s) is this request for? Please note below:

Department(s): _____

Department(s): _____

Department(s): _____

What dates do you need this report to run for?

Description of report:

Printed Name: _____ Signature: _____ Date: _____

Non-UTRGV Employees

- Copy of government issued photo ID required
- Sponsorship by Senior Director of Clinical Operations or Senior Director of Clinical Administration required

Senior Director of Clinical Operations

Printed Name: _____ Signature: _____ Date: _____

Senior Director of Clinical Administration

Printed Name: _____ Signature: _____ Date: _____