



## Community Staff Registration Form

Bluestone Physician Services created the Bluestone Bridge to provide secure, direct communication between families, facility nursing staff, service partners and our providers. Users are not allowed to enroll as a group and each user must have an individual, active email address to utilize the Bluestone Bridge. The Nurse Manager, Health Service Manager, Manager of Home Care, Director of Health Services, Executive Director or Administrator may fill out and sign the form on behalf of community staff.

### *Step 1: (New Registration Only)*

Go to [www.bluestonemd.com](http://www.bluestonemd.com) and click on the "New User" button in the upper right hand corner. Follow the steps for online Bridge registration then move to step 2.

### *Step 2:*

Return this completed form to Bluestone Physician Services within (5) days of users registering on the Bluestone Bridge, via fax: 651-342-1428

**Add User**

**Remove User**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

**Community Staff**

Community Name: \_\_\_\_\_

Community Address: \_\_\_\_\_

Community Phone Number (for verification purposes): \_\_\_\_\_

Name of person filling out this form (if different than above): \_\_\_\_\_

Title (if different than above): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_