



## Athena New Clinic Detail Form

This form is designed with the intention to streamline the clinic creation process in Athena.  
Please be as detailed as possible with your replies.

Clinic Name:\_\_\_\_\_ Multiple Locations?\_\_\_\_\_

Physical Addresses of Clinic(s), please include full zip code:

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List the names of the providers who will be working at the location by clinic, include NPI:

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List the MA's who will be working in this location(s), if they have Athena usernames already,  
please include them:

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List the names and usernames of those who will be working as Front Desk Staff:

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Will this location be taking payments? \_\_\_\_\_ How many credit card machines will you need? \_\_\_\_\_

Will you need specific reasons for visit? Please list them here:

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Do you perform Point of care testing? List which tests you'll need here:

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Do you need specific appointment types? List them here:

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Will this location(s) need a network printer? If yes please contact Cynthia Farris at 956-296-1436, [Cynthia.farris@utrgv.edu](mailto:Cynthia.farris@utrgv.edu)

Will you be needing application software like dragon, etc? Please list it here:

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If there are any other details you would like to mention please list it below. Thank you for your time, attention and detail:

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