

## Denver Medical Library Portal Registration

Name					
Affiliation					
Email Address					
Office Phone					
Office Fax					
Date of Request					
UserName preferred					
Password preferred					
<b>DML Staff Use:</b>					
Taken By:	Billed Date	Paid Date	EZProxy Updated	Spreadsheet Updated	Temporary expiration?
Password Security	PubMed	LinkOut	PMIDs	Ejournal Browse/Search	Broken Links

Complete this form and mail it to:  
 Denver Medical Library  
 1719 E. 19<sup>th</sup> Ave.  
 Denver, CO 80218  
 Fax: 303-869-1643  
 Email: [info@denvermedlib.org](mailto:info@denvermedlib.org)

Make checks for \$100 payable to: Denver Medical Library