PATIENT PORTAL SET-UP FORM

We would like to send you an invitation to join our new patient portal. In order to do this, we need to have an email address.

From the portal, you can:

1. Fill out/update your patient information
2. Fill out patient history forms
3. Request an appointment online
4. Pay your bill online

Name: _____ DOB: _____/_____/_____

Email Address: _____

City you were born in? _____

Who is your primary care physician? _____

Primary Physician Phone#: _____

Please note: If you have more than 1 person in your family you will need to create an account for each family member.

Please complete this form and return to the nurse of your doctor before you leave today.