



**PATIENT PORTAL IS HERE!**

Please fill out the information below to receive an invitation to the FollowMyHealth Patient Portal. The portal allows you to view your medical records on-line.

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

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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\_\_\_ I decline the FollowMyHealth Patient Portal at this time.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date