



Patient Portal Signup Sheet

Name of individual requesting account: _____

Select Relationship: Self
 Spouse /Legal Guardian /Other (Please describe): _____
 Parent

Requester's Home Address _____

Requester's Phone Number: _____

Requester's Date of Birth: _____

Requester's Email Address: _____

Please select a User Name: _____
(Case Sensitive – At Least 5 Characters – Letters and Numbers Only)

Please list the name of the individual whose medical record you are requesting access to.
(A proxy authorizing form may need to be completed)

Name: _____ DOB: _____