



**PATIENT PORTAL
ACCESS REQUEST FORM**

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In addition to completing this form, please note that a copy of the patient's state or federal issued photo identification is required for processing this request. If you are submitting this request as a patient's legal guardian, please include legal documentation of guardianship.

Patient Name: _____ **Date of Birth:** _____

Address: _____

Telephone Number: _____

By submitting this form and supporting documentation (photo identification), I am requesting an email with an invite to the Patient Portal be sent to the following email address:

Email Address (please print): _____

Patient Acknowledgment:

Date

Time

Signature of Patient/Legal Guardian

