



PATIENT PORTAL

Name: _____

Date: _____

Date of Birth: _____

We are working to provide you with online access to your medical information, lab results, prescription refill requests, appointment requests, and bill payment options. If you are interested in using the patient portal, please provide us with your email address as that will be your account log in. We will provide you with a temporary password that you may change later.

_____ Yes, I would like access to the patient portal.

My email address is _____.

_____ No, I would not like access to the patient portal at this time.

To access the patient portal, please log onto www.familymedicinehealthcare.com and go to Patient Portal. Your email address you provided us is your login.

Your password is _____.

This password will remain this until you log into the portal to change it. If you misplace this password or forget your new password, please contact our office for a new default password that you may change later.

You may not have immediate access to all information provided on the portal.