

If you would like to join FollowMyHealth and access your health record securely online and communicate directly with your physicians, please fill this out and **RETURN TO THE RECEPTIONIST** on your way out.

First Name	Last Name	Date of Birth

Email Address	Your Physician	Today's Date

Our team will send you an invitation email containing a link to complete your online registration with step-by-step instructions (be sure to check your Spam folder!).

Thank you for your interest in taking an active role in your healthcare!

I decline to join FollowMyHealth patient portal.