CARDSTON CLINIC helping good health happen

Patient Name: ____

Improved Accessibility!

Health Myself Patient Portal

Birth Date: _____ Dr:____

Features include:

- Online Appointment Booking
- Secure messaging with your Dr. and/or Staff
- Clinic Notifications concerning your health

Immediate family members to be connected to your account: (Having family connected to your account allows you to Book and communicate on their behalf)			` ,	(Permission includes booking and messaging for the patient)	
Name	DOB	Relationship	Doctor	Permission? Y/N	
Email Address (Require	d for registration):				
Cell#		(By giving your cell# you will be notified by text of incomine emails in the patient portal)			
	Signature	Date		e	