



## Proxy Registration for FollowMyHealth™

**In order to access health information online, please complete the information below, sign and return to the receptionist.**

In addition to health information, you will be given access to request appointments and prescription refills and to send messages to our office on behalf of the patient. Please review the brochure you received for more details about FollowMyHealth™ and tips to maximizing all the online benefits.

Patient's Name	Patient's DOB*	Relationship to Patient
	MM / DD / YYYY	

\* State law requires patient to be less than 13 years of age for proxy access. If 18 years of age or older, Power of Attorney is required.

**Please enter your information below**

<b>First Name</b>		<b>Last Name</b>	
<b>Email Address</b>		<b>DOB: MM / YY</b>	
<b>Telephone Number</b>			
<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	

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Signature

Date