

PATIENT PORTAL ACCESS FORM

We are pleased to make this innovative service available to you. There is no cost to review your patient information on the portal.

Please provide your email address to us and sign the bottom portion of this page giving your consent. An email will be sent to you when the site is available and information on how to access it.

Email Address

Ι, _

(Print Patient's Name)

____, give permission to Newtown Internal Medicine

to use my email address for access to the Patient Portal.

Signature of Patient / Patient Representative / Legal Guardian

Print name of person signing this Form

Date of Birth (Patient)

/__/_ Today's Date

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