

Sign-up Form

Thank you for your interest in [MyHealth Info](#), an easy-to-use Internet tool that provides you quick and secure online access to your health information from anywhere at any time.

To enroll in [MyHealth Info](#):

Please complete this sign-up form and return to the Front Desk staff. You will receive an e-mail with a link to complete your enrollment, after the information below is put into our system.

Your Information: (all sections required) please print clearly	
Last Name: _____	First Name: _____
Date of Birth: ___/___/_____	Gender: M F
E-Mail Address: _____	
Signature of Patient: _____	

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