



Patient Portal Authorization

Use this form to request a Portal account. Once you have been registered for the Patient Portal, you will receive an email from HaysMed with instructions to complete your Patient Portal registration.

PATIENT SIGN-UP SHEET

By completing this form, you are authorizing HaysMed to set up a Patient Portal Account.

First Name: _____

Last Name: _____

Sex: Male Female Date of Birth: _____

Last 4 Digits of your Social Security Number: _____

Address: _____

Phone #: _____

Email Address: _____

Signature: _____ Date/Time: _____

Please allow 3 business days for your request to be processed. A HaysMed staff member may contact you to verify your information.

For Office Use Only:

_____ Date Enrolled

_____ Initials