R

ARGYLL MEDICAL GROUP

Argyll Medical Group has partnered with eClinical Works who is our Electronic Health Records Vendor, this is a secure website that can be used to:

- ~ Communicate with our practice
- ~ Manage your personal information
- ~ Request appointments
- ~ Review your lab results "once reviewed by Physician"
- ~ Recent Referrals
- ~ Review Latest Statement Due
- ~ View your PHR (Personal Health Record)

Your e-mail address will be required to enable access to our Portal. Our office will provide you with a secure username and temporary password via email and handout. The Patient Portal is a great way of communicating protected health information with us. E-mails will be sent from: reminders@eclinicalmail.com to notify you of new information that may require your attention.

NO, I would not like to be set up with the Patient Portal YES, I would like to be set up with the Patient Portal use the following email E-mail: APPOINTMENT REMINDERS: would like to receive my reminder calls at (Circle one) HOME CELL Phone Number: Time your prefer to receive calls: (circle one) Morning Afternoon Evening YES, I would like to receive text alerts for my appointments	Patient Name:			Date:		
YES, I would like to be set up with the Patient Portal use the following email E-mail: APPOINTMENT REMINDERS: would like to receive my reminder calls at (Circle one) HOME CELL Phone Number: Time your prefer to receive calls: (circle one) Morning Afternoon Evening YES, I would like to receive text alerts for my appointments	PATIENT PORTAL:					
E-mail:	NO, I would not like to be set up with the Patient Portal					
APPOINTMENT REMINDERS: would like to receive my reminder calls at (Circle one) HOME CELL Phone Number: Time your prefer to receive calls: (circle one) Morning Afternoon Evening YES, I would like to receive text alerts for my appointments	YES, I would like to be set up with the Patient Portal use the following email					
would like to receive my reminder calls at (Circle one) HOME CELL Phone Number: Time your prefer to receive calls: (circle one) Morning Afternoon Evening YES, I would like to receive text alerts for my appointments	E-mail:					
would like to receive my reminder calls at (Circle one) HOME CELL Phone Number: Time your prefer to receive calls: (circle one) Morning Afternoon Evening YES, I would like to receive text alerts for my appointments						
Phone Number: Time your prefer to receive calls: (circle one) Morning Afternoon Evening YES, I would like to receive text alerts for my appointments	APPOINTMENT REMINDERS:					
YES, I would like to receive text alerts for my appointments	I would like to receive my	reminder calls at (C	ircle one)	HOME	CELL	
YES, I would like to receive text alerts for my appointments	Phone Number :					
	Time your prefer to receiv	e calls: (circle one)	Morning	Afternoon	Evening	
	YFS. I would like to receive text alerts for my appointments					
Circle One) CellPhone Number:	,					
	(Circle One)	CellPhone Numb	er:			

No, I would not like to receive text alerts for my appointments.