

UROLOGIC SPECIALISTS

PATIENT PORTAL REGISTRATION FORM

Our Patient Portal will give you the ability to view and manage certain health information online in a secure environment shared between you and your physician. The portal will also allow you to communicate with our office via personalized messaging.

If you are interested in this service, please provide the requested information below.

Name: _____

Date of Birth: _____

Email Address: _____

A link will be sent to your email address to complete your registration with the portal.
Please note, the link sent to you email must be activated within in 24 hours.