

Petersburg Medical Center

Signa	ature of Patient (or Legal Rep.)	Date	
Patie	ent's Email	Authorized Representative (if not patient's email account)	
Patie	ent's Name	Patient DOB	
respo		r password from any unauthorized individuals. It is your omised. You agree to not hold Petersburg Medical Center control.	
Please	private information, including email addresse The portal is for non-emergency uses only. We are not allowed to refill narcotics or other	er controlled medications through the internet portal. m us, please check your Junk or Spam email folder.	
The p	ent Portal Consent Form atient portal is a secure way to access your menuity of care document through the internet.	dical records including medications, lab results, and	
	View your Continuity of Care Document and print or save an electronic copy of your Health Summar		
	View Results of lab and other diagnostic tests	S.	
		at is a secure communication link with our facility. your private username and password, you can:	

Note: We will send your portal hyperlink to the email account you designate. by logging in to portal and selecting the "My Account" Section.)	You can change your password