



CLINICS

Follow My Health Patient Portal Form

OCH Clinics are proud to offer the

Follow My Health Patient Portal

which will allow you secure access to view or print your health records including:

- Medications
- Recent vitals
- Test results
- Request Prescription refills
- Request appointments
- and more

Please fill out the following information and return to the receptionist.

Please print clearly

Name (first, last) _____

E-mail Address _____

Date of birth _____

I do want to become a member of the OCH Clinics Follow My Health Patient Portal
and agree to them sending an e-mail invitation to the above address.

Patient Signature

Date/ Time