

Multicare Associates
PATIENT PORTAL REGISTRATION

Please Print Clearly

Date

Last Name

First Name

Middle Initial

Date of Birth

Email Address

Preferred Phone Number

Dependent Minor Account Access (Under 18 years of age)

Last, First, Middle Initial

Date of Birth

Last, First, Middle Initial

Date of Birth

Last, First, Middle Initial

Date of Birth

Last, First, Middle Initial

Date of Birth

I AUTHORIZE Multicare Associates to send me secure messages through *Next MD Patient Portal*. I understand that I will receive an email at the address provided above, and that I will need to sign into the Patient Portal website to access data sent to me. Please sign (electronic signatures are not accepted) and mail your registration form to:

Multicare Associates
Attn: Patient Portal Set-up
480 Osborne Road N.E., Suite 100
Fridley, MN 55432

You may also fax it to **763-785-3314** or email it to **patient-portal@multicare-assoc.com**

Patient/Legal Guardian Signature

Token Number (This will be emailed to you)