

## Patient Portal Worksheet

Patients are able to enroll for online review of their patient information. This will include reviewing any scheduled dates and times for services, and obtaining recent test results.

The FIRST STEP is providing your email address so that information can be added into our registration system.

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*Print Name*

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*Date of Birth*

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*Street Address*

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*City*

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*State*

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*Zip Code*

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*Phone Number*

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*Email Address*

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*Signature of Patient*

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*Date & Time*

Forms can be submitted the following ways:

- Faxed to Health Information Management at 618-288-0024
- Mailed to: Anderson Hospital  
Health Information Management  
6800 State Route 162  
Maryville, IL 62062
- Emailed to: [myhealth@andersonhospital.org](mailto:myhealth@andersonhospital.org)
- Dropped off in person to the Health Information Management Department or affiliated Anderson Medical Group provider office