



SIGN ME UP! *FollowMyHealth*

The Orthopaedic & Fracture Clinic provides patients with on-line access to their records through *FollowMyHealth*. Once enrolled for access, you will receive an e-mail invitation from noreply@FollowMyHealth.com to activate your account. If you do not see the invitation within a few days, please check your Junk or Spam folder.

Patient	Full Name:		Phone#:		
	Address:				
	City:		State:	Zip:	
	Date of Birth:	E-mail Address:			

Please complete the below section if you are requesting access for an adult patient over the age of 18.

Parent/ Guardian/ Proxy	Full Name:		Phone#:		
	Address:			<input type="checkbox"/> Same as above	
	City:		State:	Zip:	
	Relationship to Patient:		Date of Birth:		
	E-mail Address:				

By signing below, I authorize The Orthopaedic & Fracture Clinic to enroll me in *FollowMyHealth*, The Orthopaedic & Fracture Clinic's patient portal.

Signature of patient/legal representative*

Legal representative's authority to sign
(parent, guardian, health care power of attorney, etc.)

Date

* Authorized representative may be required to submit copies of legal documents supporting his/her authority to act on a patient's behalf.

Return form to: The Orthopaedic & Fracture Clinic, Attn: FMH Support, 1431 Premier Drive, Mankato MN 56001
Fax form to: (507) 625-5971 – Attn: FMH Support