



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:	Last 4 digits Social Security #:			
	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:				
<p>By signing below, I authorize The Orthopaedic & Fracture Clinic to enroll me in <i>FollowMyHealth</i>, The Orthopaedic & Fracture Clinic's patient portal.</p>					
_____ 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) 386-1831 – Attn: FMH Support