

**INTERNAL MEDICINE
PRACTICE *of* NORTHSIDE**

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PATIENT PORTAL

The patient portal **allows** you to:

- Send messages to our office staff
- Receive messages from our staff
- Access your previous and current prescriptions
- Access your medical records including labs and immunizations
- Access assigned Patient Education articles

The portal **cannot** be used to request prescriptions.

Would you like to be invited to use our Patient Portal? **YES** **NO***

**If no, please sign here:*

Signature of Patient: _____ **Date:** _____

If yes, please read the waiver and sign below:

Waiver

I understand that medication refill requests sent through the Patient Portal will not be reviewed. All refill requests must be handled by the normal process of contacting my pharmacy.

I understand that messages regarding billing and payments sent through the Patient Portal will not be reviewed and I will need to communicate directly with the office's billing department.

Signature of Patient: _____ **Date:** _____