

Oamaru Doctors – Patient Portal Registration Form

Please complete this form and supply one form of photo ID to register for the new features on the patient portal.

Each person that uses the portal must have their own unique email address.

Full Name: _____

Date of Birth: _____

Email Address: _____

Cell Phone: _____

Signature: _____

Date: _____

Practice use only

Patient NHI: _____

Photo ID: _____

Staff Member: _____

Date: _____