



Southern Oregon  
Rheumatology Clinic

PHYSICIANS AND SURGEONS

**Authorization to Create Username for Patient Portal Access**

All patients are granted access to our Patient Portal. In order to complete the process, please fill out the following questionnaire.  
Questions: 541-773-2233

Patient Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Security Question: **Choose One & Answer**

- *Mother's maiden name:* \_\_\_\_\_
- *Father's middle name:* \_\_\_\_\_
- *Name of favorite Pet* \_\_\_\_\_
- *Place of Birth.* \_\_\_\_\_

Last four digits of your social security number: XXX-XX- \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Witness*

\_\_\_\_\_  
*Date*

*You will receive notification by email once your account is set up and ready to use. Thank you.*

*Created 06-12-14, Revised 08-11-15; 08/16;03/19  
Documents>computer>patientportal*