

Connect to Carlisle Medical Group Patient Portal Access Form

Connect to Carlisle Medical Group is an easy way to go online to request prescription refills; ask your doctor questions; and see your medications, laboratory and radiology reports, vitals, allergies, diagnoses and procedures.

Sign me up!

Patient's Full Name: _____ Date of Birth: _____
(Print Please)

E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Patient's Signature (Patients 18 yrs old and above): _____ Date: _____
(If patient is under 18 yrs. only parent has to sign this form; if patient is 16-17 yrs. both child and parent must sign)

Signature of Parent/Guardian (for patients under 18 yrs old): _____

You can also designate a relative, friend or caregiver to see your info or use the portal on your behalf.

I also authorize the following person/people to access my Connect to Carlisle Medical Group patient portal:

Full Name: _____
(Print Please)

Full Name: _____
(Print Please)

Relationship to Patient: _____

Relationship to Patient: _____

E-mail Address: _____

E-mail Address: _____

Mailing Address: _____

Mailing Address: _____

City, State: _____

City, State: _____

Zip code: _____

Zip code: _____

Phone Number _____

Phone number _____

Patient Signature: _____ Date: _____
(Parent/Guardian if patient is under 18 years)

Check off **one** category below:

View Only Access: allows person to see the patient's information.

Full Access: allows person to see patient's information, plus request prescription refills and ask questions of the patient's provider.