

MyIndici Patient Portal Registration Form

Please complete this form and supply one form of photo ID to register for the My Indici patient portal.

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

Users must be 16 years and over to sign up for My Indici

Please complete this form:

Full name:

Date of birth:

Personal email address:

Cell phone:

Halswellhealth also uses e-mail to correspond with our patients regarding recalls and other aspects of your care. By consenting below you understand that at times we will be using this format to convey information to you.

Signature:

Date: