



MY HEALTHPOINT

Patient Portal

portal.ashley@LPNT.net

By agreeing to participate and providing your e-mail address below, you will have limited access to important information regarding your hospital stay. Please email this completed form to portal.ashley@LPNT.net along with a photo of your ID or Driver's License to enroll in the patient portal.

Patient Label:

Your printed name: _____

Your birthdate: _____

Your phone number: _____

Include a copy of a photo ID

E-mail address: _____

Patient Signature: _____

Patient Representative Signature: _____

Nurse/Witness Signature: _____

Date/Time: _____

