



Eugenio Menendez, D.O., P.A.

d/b/a **Pompano Beach Internal Medicine**

Office of **Eugenio L. Menendez, D.O., F.A.C.P.**

Board Certified -- Internal Medicine

www.PompanoBeachInternalMedicine.com

Patient Services Portal

Dear Patient,

Please fill in the following information so that we may grant you access to the Patient Services Portal for **Pompano Beach Internal Medicine**. It is required by CMS-Medicare & your insurance company that we obtain this information from you and that you log-on to access, view and retrieve your medical records and other information, in a secure environment where you are able to write/communicate with us thru the Portal & in turn we are also able to reply back to you.

Full Patient Name: _____
FIRST M LAST

Date of Birth (MMDDYYYY): _____ Cell Phone #: (____) _____

Email Address: _____

Patient Signature: _____ Date Signed: _____

You **may** also designate a family member, caretaker, etc to access your records. If you would like to authorize someone to have access to all your demographic and medical record information, please enter the authorized person's information below:

Full Name of Authorized person: _____

Cell phone #(authorized person): _____

Email Address (authorized person): _____

Signature of Authorized person: _____

Pompano Beach Internal Medicine, will insert your username and password below once this form is received complete from you & we will then formally notify you of your assigned user name & password:

Username: _____

Password: _____

Please see reverse side for instructions on how to access your information on the Patient Services Portal →