

Minor Child & Dependent Adult
Proxy Access Request Form



**GREENSBORO
ORTHOPAEDICS**
DOCTORS FOR AN ACTIVE LIFE

4/2015

I, _____, date of birth ____/____/____, am residing at
(Your Name - Please Print Clearly)

(Address)

(City),

(State),

(Zip Code)

hereby certify that I am the biological parent/guardian/legal representative of:

(first name, middle initial, & last name)

who was born on _____ (date of birth) and resides at

(Address)

(City),

(State),

(Zip Code)

I request proxy access to my child's/dependent's Greensboro Orthopaedics FollowMyHealth™ Patient Portal Account. I hereby attest that my parental/guardian rights/legal representative have not been revoked by a court of law.

Signature: _____

Phone: (_____) _____ - _____

Date: _____

Time: _____ AM/PM

Greensboro Orthopaedics Staff Only:

Photo ID checked Email Verified in PM Account #: _____

Staff Signature after verifying Photo ID: _____

Printed Staff Member's Name: _____ Department: _____

NOTE: This form is to be used for one (1) patient only. Please complete a separate form for each patient. Please forward to patient registration for immediate processing.