

Patient Portal Worksheet

Patients are able to enroll for online review of their patient information. This will include reviewing any scheduled dates and times for services, and obtaining recent test results.

The FIRST STEP is providing your email address so that information can be added into our registration system.

Print Name

Date of Birth

Street Address

City

State

Zip Code

Phone Number

Email Address

Signature of Patient

Date & Time

Forms can be submitted the following ways:

- Faxed to Health Information Management at 618-288-0024
- Mailed to: Anderson Hospital
Health Information Management
6800 State Route 162
Maryville, IL 62062
- Emailed to: myhealth@andersonhospital.org
- Dropped off in person to the Health Information Management Department or affiliated Anderson Medical Group provider office