# MEDICAL CLINIC OF NORTHVILLE

Ross A. Summers, M.D.
Cheryl A. Johnstone, M.D.
Amy L. Berke, M.D.

## Patient Portal Access

Patient Name:_____ DOB:_____

Our office is creating a way to directly connect you to your medical record through the internet.  However, we must send you an invitation to your email to join this network.
For security measures, in the email you receive, we also must have you answer a security question to allow you to begin having access.

To connect you to our new patient portal and provide you with direct access to lab results, please provide us with your email and **ONE** of the following answers.

Email:_____

Answer **ONE** of the following questions:

What are the last four digits of your social security number?_____
What is the year of your father's birth?_____
What is the year of your mother's birth?_____

**(office use only)**

Email and password entered into **Patient Portal** by:_____

Email entered into **Powerchart** by:_____