Family Medicine West of Knoxville

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Phone: 865-288-4232 Fax: 865-288-4231

Please fill out the Name, Date of Birth, and the Date. If you would like to opt-in to our Patient Portal System, Check Yes or No below. If you check <u>Yes</u>, please (clearly) write your e-mail address below.

| Name (Print Ple | ase): | | |
|-----------------|-------|------|--|
| Date of Birth: | | | |
| Date: | | | |
| | ☐ Yes | □ No | |
| Fmail· | | | |