## EAST GRANBY FAMILY PRACTICE, L.L.C.

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## WEB VIEW ENROLLMENT FORM

East Granby Family Practice now has online Web View for your patient records. You may view your lab results, vital signs, medications, and more from your chart at EGFP. You may also download your health information, message the practice, and even request to set up future appointments. Fill out the following so that we may get you enrolled. Please print clearly.

Patient Name:_		I	Date of Birth:
	Preferred User Name:		
	2 <sup>nd</sup> Choice User Name:		
	Email Address: (You must have a valid email address to use Web View)  Secret Question: (To be used in case of lost username or password)(30 character maximum)		
	Answer to Secret Question:_ (30 character maxim	num)	
Signature of Pat	ient or Patient's Legal Represer	ntative	Date
Description of l	Legal Representative Authority		
		pelow and give completed bottom s	section to patient 
		This area to be filled out by staff	fonly
East Granby F	amily Practice WebView info	ormation for your patient records.	Please retain this information for you records:
	Name: Password: egfpwv1 vill be asked to change the first		
Secret	Question:		
Answe	er:		

WebView Address: https://webview.mckesson.com/EastGranbyFamilyPractice EGFP Website: www.egfpct.com → "Contact Us" section