



Patient Portal Registration Form

Please note: Results will be available once the Doctor has reviewed your results and commented. If you have any further questions or concerns regarding your results, please make an appointment with your Doctor.

I understand that I am only able to access my own medical records and not those of my family members.

Please complete this form with one form of photo ID to register for the Patient Portal.

Each person that uses the portal must have their own unique email address and be over 16 years old.

Full Name: _____

Date of Birth: _____

Email Address: _____

Cell Phone: _____

Signature: _____

Date: _____

Practice use only

Patient NHI:	
Photo ID:	
Staff member:	
Date:	

Email completed form to: reception@mteden575.co.nz