



Baker-Gilmour Cardiovascular Institute

Web Portal Registration

Name: _____ Account: _____

DOB: _____

Email Address: _____

Please Print Clearly

Security Code: _____

Last 4 digits of SSN

Signature

Date

I, hereby give permission for Baker-Gilmour Cardiovascular Institute to use my email for the purpose of the Baker-Gilmour, FollowMyHealth Portal.

You will only receive the emails that you permitted upon subscription. Your email address will never be shared with any 3rd party and you will receive only the type of content for which you signed up for.