

**RENAL MEDICAL ASSOCIATES, P.C.**

Please answer the following question(s):

1. **Would like access to our NEW Patient Portal?**  
**If so, please list your email address below.**

Email: \_\_\_\_\_

OR

\_\_\_\_\_ (check) I do not wish to provide an email at this time.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date