



Request for a Proxy Account in Front Royal Family Practice's Follow My Health Patient Portal

This account will expire when each child reaches 18 years of age.

For a Minor

Name of parent or guardian requesting access _____

Relationship to Patient _____ DOB _____

Email of parent or guardian _____

Signature of parent or guardian _____

Name of minor #1 _____ DOB _____

Name of minor #2 _____ DOB _____

Name of minor #3 _____ DOB _____

If there is a custody issue we ask that you provide a copy of the guardianship papers.

For Adult Healthcare Proxy

Name of adult patient _____ DOB _____

Name of person requesting access _____ DOB _____

Relationship to Patient _____ Email of person requesting access _____

Phone Number of person requesting access _____

Signature of Adult Granting Access _____

If patient is unable to sign, we can accept Medical Power of Attorney paperwork.