



Participation Request Form

Baxter Regional Medical Center is pleased to provide a new way to manage and monitor your health and wellness virtually anywhere you have online access. It's MyBRMC Online Patient Portal – the free, easy, convenient and secure way for you to review test results online.

To insure patient privacy and security, invitations to participate in MyBRMC Online Patient Portal are only issued in person and not online or over the phone. This completed form should be turned in at Admissions. You must have a photo ID.

First Name _____ Last Name _____

Address _____ City _____ State _____

DOB _____ Gender _____

Email Address _____

A 4-digit PIN is needed to send your invitation to participate in MyBRMC Online Patient Portal. Please choose and provide one below.

Last 4 digits of your Social Security # _____

Last 4 digits of your telephone # _____

Invitations for access to MyBRMC Online Patient Portal may take up to 10 days to be processed. When your invitation is ready, you will receive an email, and by clicking on "accept invitation" you will be directed to the Patient Portal account screen where you will enter key data including the 4 digit PIN you provided above.

For more information about MyBRMC Online Patient Portal, visit www.baxterregional.org or call (870) 508-7777.