



Interventional Spine & Sports Medicine, PC

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Consent to Communicate via Patient Portal

Patient Name: _____

I agree that the email address I provided may be used to generate a patient portal account with Interventional Spine & Sports Medicine, PC.

Email Address: _____

Consent: _____
(Patient Signature)

Date: _____

Decline: _____
(Patient Signature)

Date: _____

Will provide email address at a later date:

(Patient Signature)

Date: _____