

The Patient + Side Portal

Requesting an Account with/for your doctor's office

When you request an account, the portal asks for demographic and other information so that it can check to see whether you already have an existing account. For example, if your doctor's office has sent you an invitation, but you have not accepted it, the portal can match the information you enter with the information supplied in the invitation. If the portal does not find an existing account match, the information you enter will be sent to your doctor's office so that they can try to match you with one of their patient records. The portal may also find an existing match if you have already registered with the portal for a different doctor's office.

Please:

- Complete the information requested on the New User Registration Form
- Click the "I'm not a robot" reCAPTCHA box
- Click the Next button

New User Registration Form

The fields marked with * are required.

Be sure to check the **I'm not a robot** box before clicking **Next**

Patient+Side

To request an account, please supply the following information:

New user registration form

Prefix(Mr./Mrs./Ms.)	<input type="text" value="eg. Mr./Mrs./Ms."/>	Home Phone	<input type="text" value="Home Phone"/>
First Name *	<input type="text" value="First Name"/>	Mobile Phone	<input type="text" value="Mobile Phone"/>
Middle Name	<input type="text" value="Middle Name"/>	Work Phone	<input type="text" value="Work Phone"/>
Last Name *	<input type="text" value="Last Name"/>	Email *	<input type="text" value="Email"/>
Suffix(Jr.,Sr.,etc)	<input type="text" value="eg. Jr.,Sr.,etc"/>	Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Nickname	<input type="text" value="Nickname"/>	Date of Birth *	<input type="text" value="MM/DD/YYYY"/>
Your Full Name	<input type="text" value="Your Full Name"/>	Marital Status *	<input type="text" value="--Select--"/>
Address Line 1	<input type="text" value="Address Line 1"/>	Race	<input type="text" value="--Select--"/>
Address Line 2	<input type="text" value="Address Line 2"/>	Race 2	<input type="text" value="--Select--"/>
City	<input type="text" value="City"/>	Race 3	<input type="text" value="--Select--"/>
State	<input type="text" value="--Select--"/>	Race 4	<input type="text" value="--Select--"/>
Zip Code	<input type="text" value="Zip"/>	Ethnicity	<input type="text" value="--Select--"/>
Country	<input type="text" value="Country"/>		

I'm not a robot [reCAPTCHA](#) [Privacy - Terms](#)

Duplicate Registration

Congratulations !!!

You are already registered with this Practice, Please Login to access Account.

If, based on the information you provided, the portal finds that you have an existing, active, account, you will receive this message.

Click the **Login** button to access the login form. If you do not remember your credentials, please call your doctor's office and they will be able to assist you in recovering your login information.

Successful Registration

Congratulations !!!

Thank you for registering with the **Your Doctor's Office Name** Patient Portal. Your information has been sent to the office and we are waiting for their reply. Once your request has been processed, you will receive an email containing a link that will allow you to complete your registration.

Your doctor's office will review the information you have provided. Assuming they approve your request, you will receive an email containing a link that will allow you to complete your registration, described on the next page. Should they deny your request, you will receive a denial message.

After the Office has Accepted your Registration

After the office accepts your member request, you will receive an email containing a link to use in completing your registration:

Click the link, or paste it into a web browser's address bar.

Dear **Jack M. Firebrand** ,

Welcome to the Some Family Practice patient portal community. Your request have been accepted to join Some Family Practice. Please click on the following link to complete your registration.

<https://mountainsideerxtesting.com/PatientPortal/Patient/Patient/InvitePatientRequest?cId=10013&pId=11104&S=S>

Thanks,

Completing your Registration

The screenshot shows the PatientSide registration process. At the top, it says 'PatientSide' and 'Create Account'. Below this, there are two columns: 'Patient' with details 'Jack M. Firebrand, 129 Firehot lane' and 'Office' with details 'Some Family Practice, 146 Medical Avenue'. The first section is 'Please Create a Login ID*', with a text input field for 'LoginID'. The second section is 'Password* Caps Lock is ON', with text input fields for 'Password' and 'Confirm Password*'. The third section is 'Choose and Answer Two Security Questions', with two questions. Each question has a dropdown menu for selecting a question and a text input field for the answer. The first question is labeled 'Question : 1*' and the second 'Question : 2*'. At the bottom right, there is a blue 'Next' button with a right-pointing arrow.

The registration form will ask you to choose a unique Login Identifier. You should select an identifier that you can easily remember; just be aware that it must be unique to the portal. If another user has already registered with the ID you choose, please try again until you find one that is available.

After this, enter and confirm your password. The portal requires passwords to be at least 8 characters containing upper and lower case letters and at least one numeric digit.

The last step is to select and answer two security questions.

It is important that you choose questions for which your answers are not easily found on social media, or guessed by someone who might be trying to break into your account.

To complete your registration and be logged in to the portal, click **Next**.

If you ever forget your password, you will need to know your Login Identifier and the answer to your two questions in order to reset your password.