Patient Portal Signup Process

Step 1: Find your invitation e-mail

All Unrea	d	Search Curre	ent Mailbox (Ctrl+E)
□4 ! ☆ D 0	FROM	SUBJECT	RECEIVED ▼
▲ Date: Tod	ay		
	donotreply@exscribepatientportal.com	Welcome to Plano Orthopedic —	Thu 2/18/2016 2:12 PM
	Quatris Health Support Services	Centricity Services Update: Important Product Information Notice	Thu 2/18/2016 1:35 PM
Q	Maria Elena Acuna	Updated Service Ticket #820478/ RE: Updated Service Ticket #808754/ SuperbillNew CPT Cod	les Thu 2/18/2016 12:04 PM
	Preston & Park FSU	RE: Pickup Order	Thu 2/18/2016 10:52 AM

Step 2: Follow the link to the signup page



A secure patient portal account has been created for you on the Plano Orthopedic Portal. Your response is required in order to complete the registration process. If you do not want this account, you can delete this email.

To activate this account, please visit the Plano Orthopedic Patient Portal Account Verification page

Click this link to sign-up

Already activated your account? Here is the link to the Plano Orthopedic Patient Portal Login page.

Click this link if you already have an account

If you have any questions about the validity of this email, please contact Plano Orthopedic at (972) 250-5700.

PLEASE NOTE, LEGAL CONFIDENTIAL: the information in this e-mail may contain information which is legally privileged. It is intended only for the attention and use of the named recipient. If you are not the intended recipient, you are not authorized to retain, disclose, copy or distribute the message and/or any of its attachments. If you received this e-mail in error, please delete this message.

Plano Orthopedic & Sports

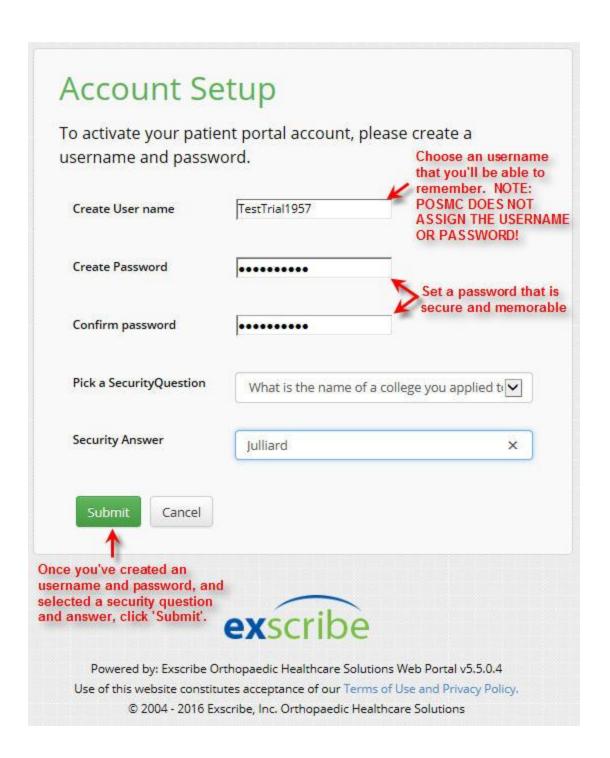
Medicine Center

5228 W. Plano Parkway

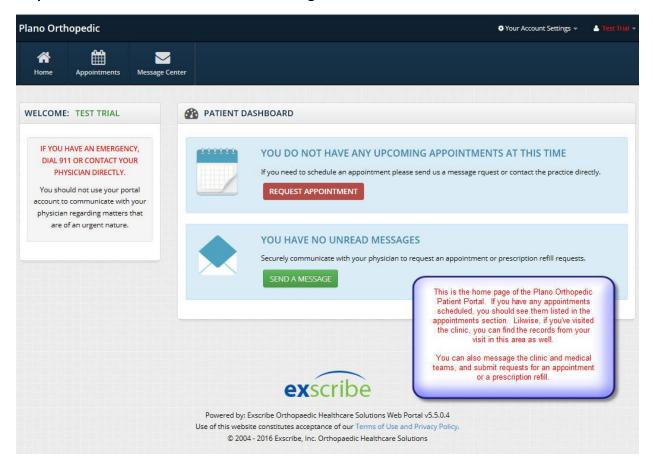
Plano, Texas 75093 972-250-5700 Message delivered by: Exscribe Patient Portal Administrator 2002-2014 Exscribe, Inc. All rights reserved

Step 3: Fill out the required information (Two Screens)

Submit.		
First name	Test	IMPORTANT: If you declined to provide us with your SSN, you will not be able to access
Last name	Trial	your medical records vi
Last Four of SSN	5227	
Birth date	08/23/1957	Format: mm/dd/yyyy
Submit Canc	el	
k here only after all Is have been filled ou		
	exscrib	P



Step 4: Arrive at the Patient Portal Home Page!



If you require further assistance, please send an e-mail to <u>techsupport@posmc.com</u> or call us at (972) 250-5700.