

# Rappahannock Health Connect

## Patient Portal Invitation Request Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Discharge Date \_\_\_\_\_

Discharge Facility (Mary Washington Hospital or Stafford Hospital) \_\_\_\_\_

Patient's Email Address \_\_\_\_\_

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Patient's Signature

Date

### **Mary Washington Hospital:**

Please complete this form and bring to the Health Information Management (Medical Records) located in the Patient Access Suite at 1001 Sam Perry Blvd, with proper identification.

Acceptable forms of ID are driver's license, passport, military id, or any government-issued picture ID.

### **Stafford Hospital:**

Please complete this form and bring to the Patient Access Suite at 101 Hospital Center Blvd., Stafford, VA 22554, with proper identification. Acceptable forms of ID are driver's license, passport, military id, or any government-issued picture ID.

You can find more information and Frequently Ask Questions about the Patient Portal at:

[patient.mwhc.com](http://patient.mwhc.com)



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