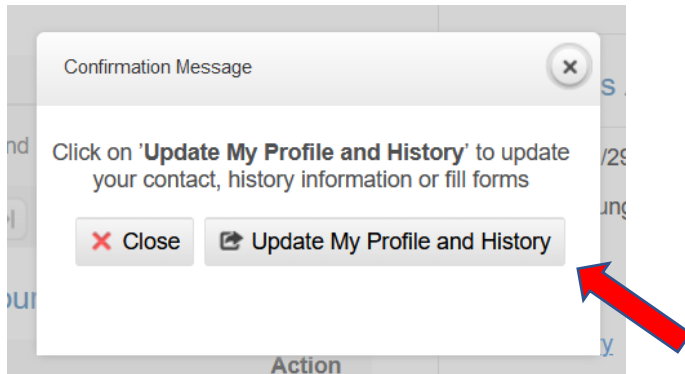
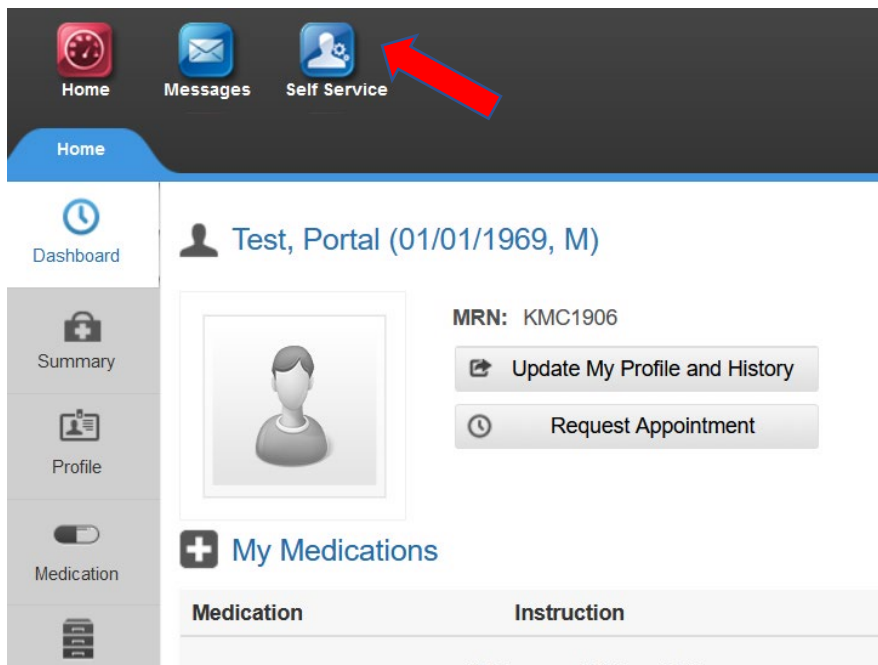


## How to Fill out and Sign Forms:

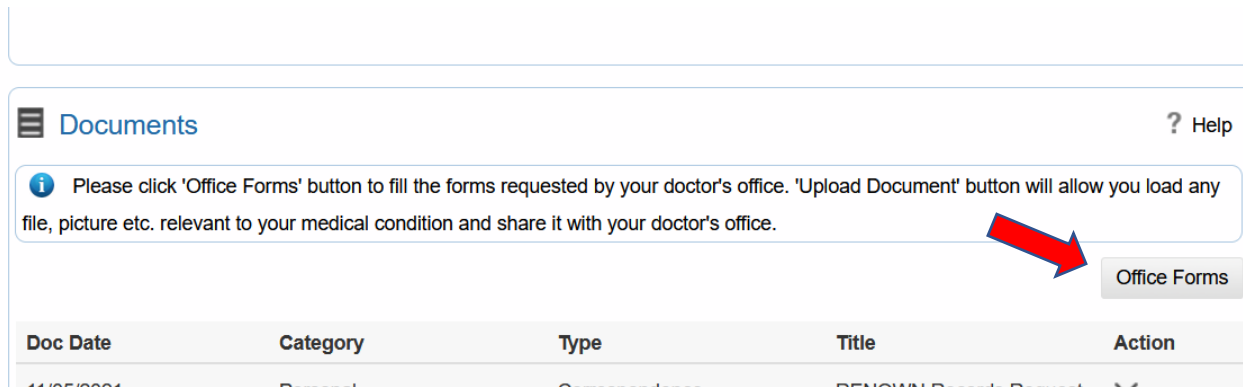
When you first log in, you see a pop up box as shown below. Click the button [[Update My Profile and History](#)] as shown below.



You can also click [[Self Service](#)] at the TOP as shown below:

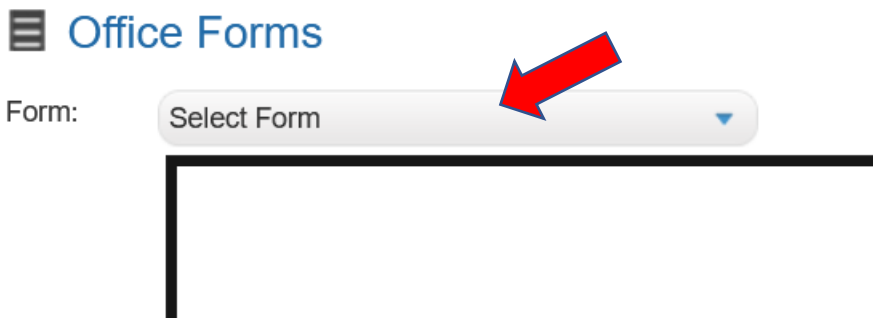


Click [[Office Forms](#)] button as shown below.



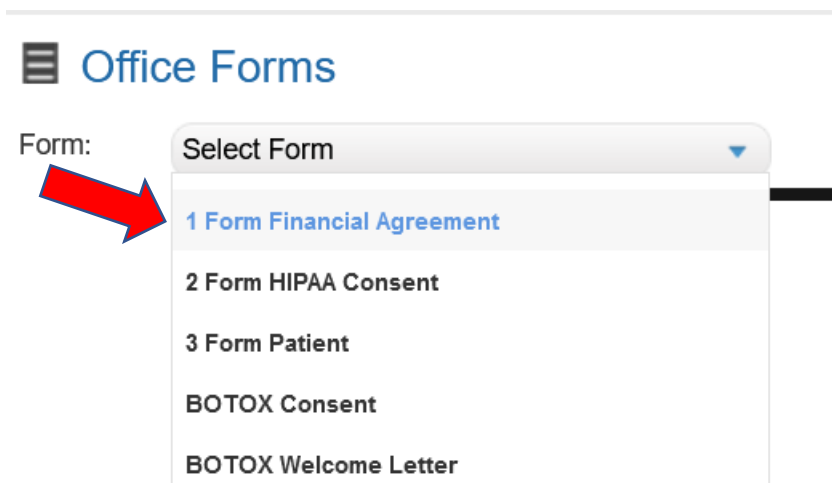
The screenshot shows a web interface with a header 'Documents' and a help icon. Below the header is an information box with a blue 'i' icon and text: 'Please click 'Office Forms' button to fill the forms requested by your doctor's office. 'Upload Document' button will allow you load any file, picture etc. relevant to your medical condition and share it with your doctor's office.' To the right of this box is a button labeled 'Office Forms', which is pointed to by a red arrow. Below the information box is a table with columns: 'Doc Date', 'Category', 'Type', 'Title', and 'Action'. The first row of the table is partially visible, showing '11/05/2004', 'Personal', 'Consent', 'BOTOX Consent', and 'BOTOX'.

Click the drop down menu [[Select Form](#)] at the top as shown below.




The screenshot shows the 'Office Forms' page. At the top left is a hamburger menu icon followed by the text 'Office Forms'. Below this is the label 'Form:' followed by a dropdown menu with the text 'Select Form'. A red arrow points to the dropdown menu. A thick black L-shaped line is drawn below the dropdown menu, indicating the area where the list of forms will appear.



Select one of the first *three* forms as shown below numbered 1, 2, 3 at the top of the drop down list:







The screenshot shows the 'Office Forms' page with the dropdown menu open. The dropdown menu contains a list of forms: '1 Form Financial Agreement', '2 Form HIPAA Consent', '3 Form Patient', 'BOTOX Consent', and 'BOTOX Welcome Letter'. A red arrow points to the first item, '1 Form Financial Agreement'.

Click each  as shown below to type your entry.

In addition to the authorization for release of my PHI d  
access my Protected Health Information (PH) for treati

**Name 1:**   
**Relationship:** 



**Name 2:**   
**Relationship:** 



**Name 3:**   
**Relationship:** 

I request the following RESTRICTIONS to releasing m

A gray box will pop up as shown below to let you type your entry. When done, click [[Replace](#)]:

access my Protected Health Information (PH) for treatment

**Name 1:**   
**Relationship:** 

**Name 2:**   
**Relationship:** 

Test typing

[Replace](#)

When all completed, select "[Click here to sign](#)" at the bottom of the form.

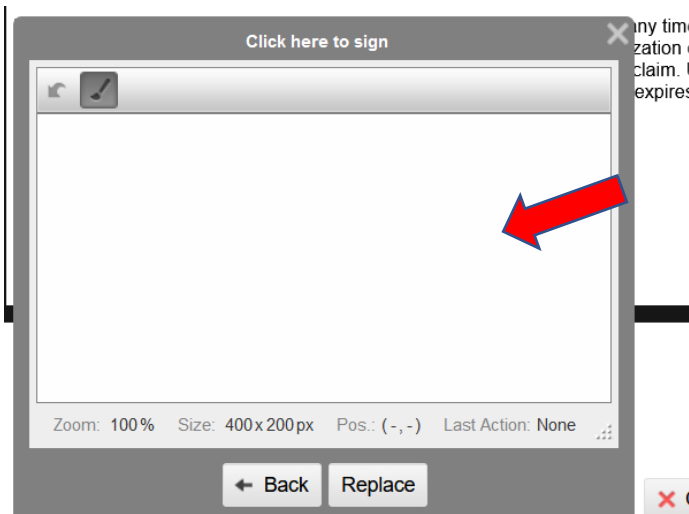
I understand that I have the right to revoke this  
extent that any person or entity has already ac  
obtaining insurance coverage and the insurer I  
force and effect one year from today's date at

[Click here to sign](#)

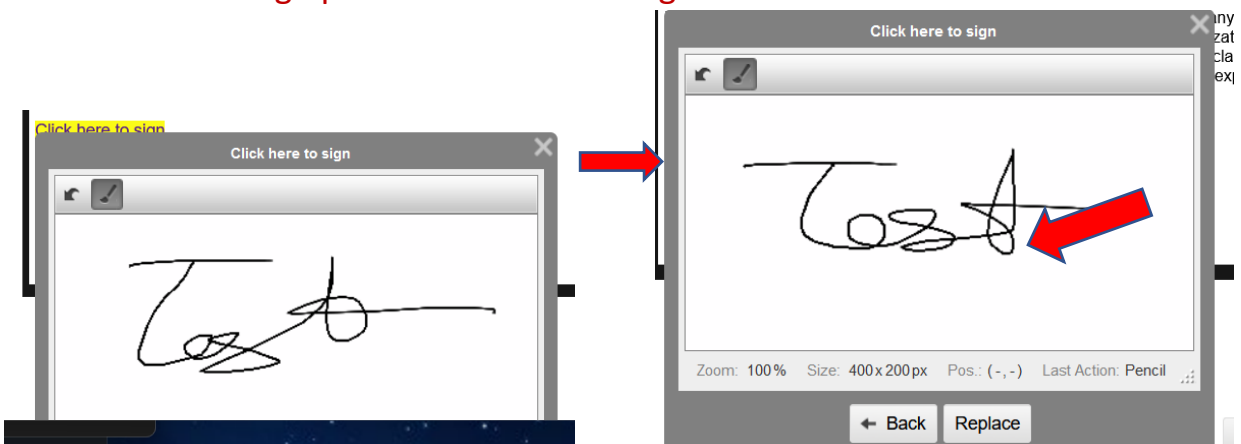
Select [[Draw Signature](#)].



A gray box will open up as below. Using your mouse or track pad, draw your signature.



After signing, click [[Replace](#)] at the bottom of the gray box as shown below. **If you don't see the [[Replace](#)] button like the left picture below, simply scroll your mouse downward to bring up the button like the right side below.**



Now press the green [SAVE] button at the bottom to finish as shown below. The saved form will be *automatically uploaded* to the Document section of your chart.

