

PATIENT PORTAL CHECKLIST

Name: _____

Email: _____

- Review of Systems (H&P)
- Medical History
- Surgical History
- Insurance Card(s)

(fax to 569-1433, mail to 3851 Piper St. ste U466, 99508, or hand carry in)

- Additional Demographics
- Updated Demographic information
(please be sure to input your pharmacy)
- Privacy
- Medicare

Alaskagi.com → Patient Portal → Login

Update your demographic information: found under *MY ACCOUNT* tab on the top left-hand side.

→ Questionnaires (bottom left tab)

- ➔ Medical history: review of systems, medical history, additional demographics, privacy, Medicare authorization (if applicable)
- ➔ Surgical history