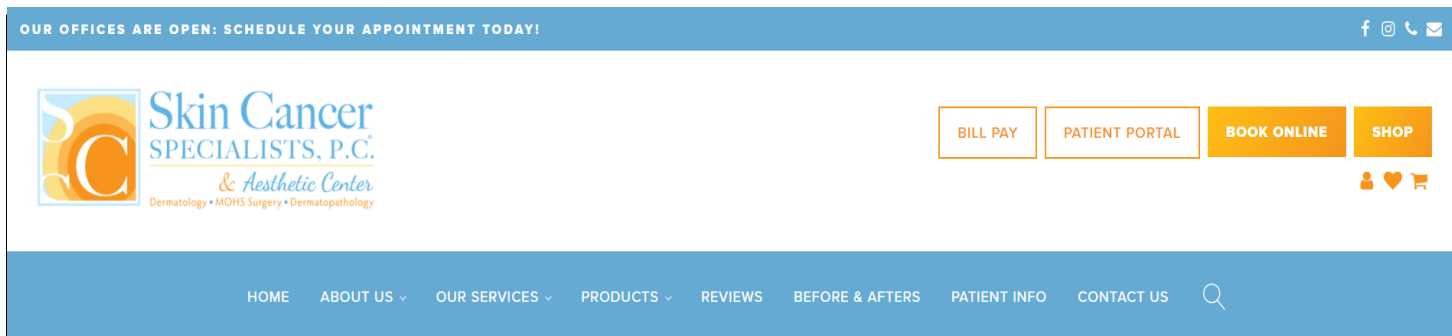


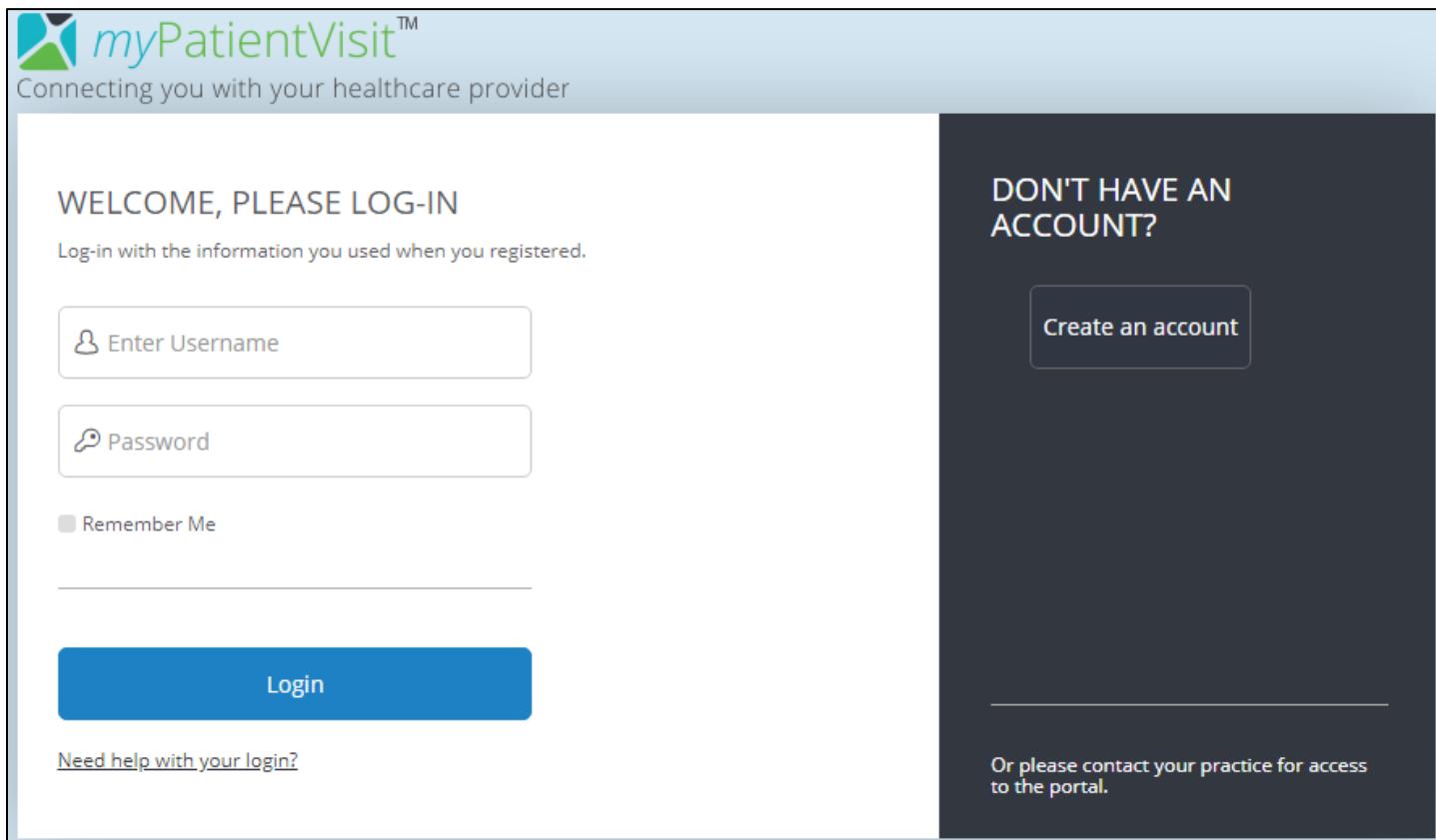


MyPatientVisit Secure Patient Portal Instructions

1. Visit our website at SkinCancerSpecialists.com, then click the Patient Portal button.



2. Click on "Create an account" on the right side of the screen



3. Enter your information to create your account

- For new patients, the office has sent you a security code via email
- If you are an Established Patient or do not have an email from our office and need a Security Code, contact the office where you're scheduled:

- Cartersville: 770-606-8026
- Columbus: 706-257-4189
- Newnan: 770-502-0202
- Marietta: 770-422-5557
- Austell: 770-941-1013

4. Check the box in the lower left of the screen to acknowledge the Terms and Conditions. Once complete, click the blue "Create Account" button

The screenshot shows the 'myPatientVisit' account creation interface. At the top left is the logo and tagline 'Connecting you with your healthcare provider'. The main heading is 'LET'S CREATE YOUR ACCOUNT!'. The form contains several input fields: 'CREATE USERNAME:*', 'CREATE PASSWORD:*', 'CONFIRM PASSWORD:*', 'FIRST NAME:*', 'LAST NAME:*', 'DATE OF BIRTH:*', 'ZIP:*', and 'SECURITY CODE:*'. Each field has an 'Enter' placeholder and an information icon. The date of birth field includes a calendar icon. Below the fields is a checkbox for 'I have read and understand the Terms and Conditions'. A horizontal line separates the form from the bottom section, which includes a 'Third Party Attribution' link, a blue 'Create Account' button, and a 'Cancel' link. A '*Required field' note is positioned above the line.

myPatientVisit™
Connecting you with your healthcare provider

LET'S CREATE YOUR ACCOUNT!

CREATE USERNAME:*
Enter

CREATE PASSWORD:*
Enter

CONFIRM PASSWORD:*
Enter

FIRST NAME:*
Enter

LAST NAME:*
Enter

DATE OF BIRTH:*
mm/dd/yyyy

ZIP:*
Enter

SECURITY CODE:*
Enter

I have read and understand the [Terms and Conditions](#)

**Required field*

[Third Party Attribution](#)

[Create Account](#) [Cancel](#)

5. Select your security questions and provide answers, then click Continue to proceed

JUST IN CASE YOU FORGET YOUR PASSWORD

Please select and answer three security questions from the list below. Your answers will be used to reset your password just in case you happen to forget it.

Question 1:

Select a security question

-

Provide your answer

Question 2:

Select a security question

-

Provide your answer

Question 3:

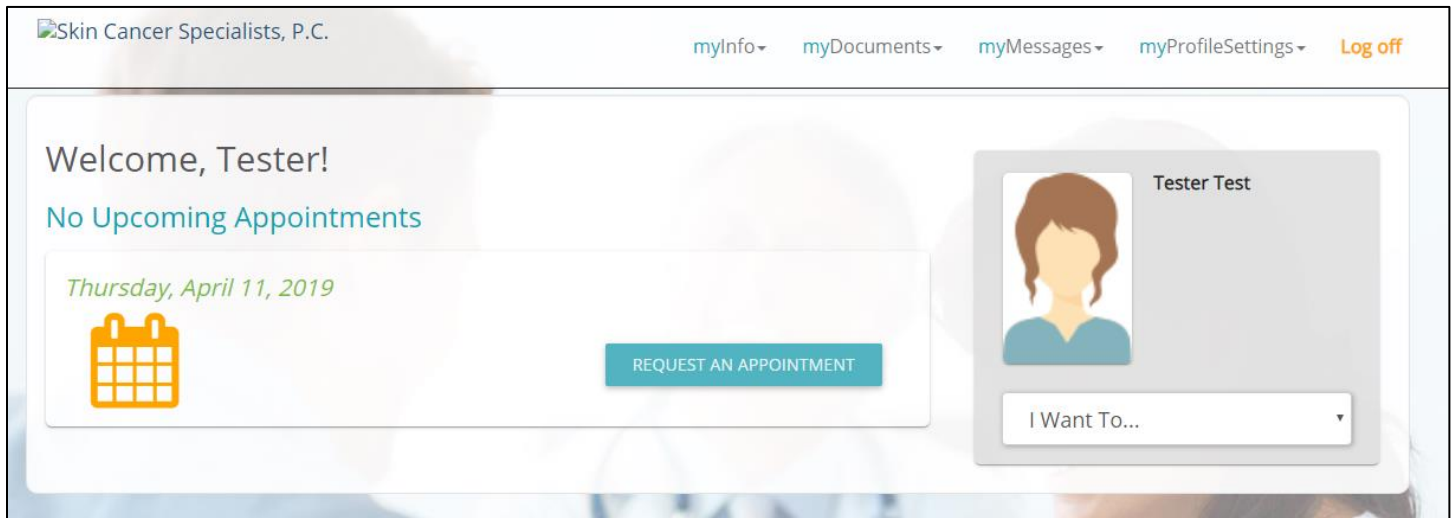
Select a security question

-

Provide your answer

Continue

6. Welcome to your Dashboard! Here you can complete your Patient Registration, access and update your account information, request appointments, send a message to your provider, and more!



How to Complete Patient Registration

1. Medical History Questionnaire

- Click on "myDocuments"
- Click on "Forms"
- Under "Unstarted Forms," click the blue "Start Form" button to complete your medical history questionnaire

2. Review and Update Patient Information

- Click on "myInfo"
- Click on "Patient Information"
- Complete all Patient Information sections.
- When complete, click "Save" at the bottom-right to save your info

3. Review Insurance Information

- PLEASE NOTE: The Insurance section is Read-Only. You cannot edit insurance information on this screen. Contact the office if any changes need to be made.