



Patient Name: _____
 MRN: _____
 Date of Birth: _____
Complete above information or attach patient label to each page.

Minor Consent to Signup Form (Age 13-17)

Please fill out all of the required information below in order to sign up for a MyLGHealth account. Once we have received this form we will send your access code via the United States Postal Service. Please allow ten business days from mailing this form for processing your request of an access code.

MINOR PATIENT - PLEASE PRINT ALL INFORMATION CLEARLY:

Full Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Phone Number: (____) _____ Date of Birth: _____
 Primary Doctor's Office: _____
 Primary Care Physician: _____

Completed forms may be sent by the following methods:

1. **Scan and e-mail to:** LGLegalForms@lghealth.org
2. **Fax to:** 717-544-8884
3. **Mail to:** Health Information Management
 Attention: Document Imaging
 555 North Duke Street
 PO Box 3555
 Lancaster PA 17604-3555