

DERMATOLOGY ASSOCIATES, LLC

50 Sewall Street

Portland, ME 04102

[www.dermctr.com](http://www.dermctr.com)

Dermatology Associates now offers their patients a secure and confidential web-based patient portal where you will be able to:

- View date and time of upcoming appointments
- Receive health maintenance reminders
- View current and past statements
- Review and request medication refills
- View your personal health record
- Manage your personal information

The patient portal is available to all our adult patients (age 18 or older) so you can manage your own health care record.

If you would like to create a patient portal account, please fill out the attached form and return it to us at your visit or mail it to:

Dermatology Associates  
Online Services  
50 Sewall Street  
Portland, ME 04102

Sincerely,

Dermatology Associates

DERMATOLOGY ASSOCIATES, LLC  
50 Sewall Street  
Portland, ME 04102  
[www.dermctr.com](http://www.dermctr.com)

**Patient Portal Registration Form**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four Digits of SS#: \_\_\_\_\_

**Your username will be your email address.** Your email address must be unique and not shared by another member. Shared, joint or business emails should not be used for you could be receiving confidential messages regarding updates to your personal health record.

To insure that we input you email address accurately, please print clearly your email address showing any dashes or spaces. Your email address is case sensitive; please print as if you were typing the address into your computer.

**Email address:** \_\_\_\_\_

**Please read and sign agreement:**

I am requesting a Patient Portal account with Dermatology Associates. I understand that due to the confidential information I will have access to, I should not share my user name and password, or use a shared, joint or business email account to receive email alerts regarding updates to my personal health record. I also understand that the portal should never be used for emergency medical concerns.

I have read, understand and agree to all of the items outlined in the Patient Portal registration form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Dermatology Associates**  
**50 Sewall Street**  
**Portland, ME 04102**  
[www.dermctr.com](http://www.dermctr.com)

**Instructions for  
Creating a Patient Portal Password**

Go to our website at [www.dermctr.com](http://www.dermctr.com) and click on the “Patient Portal” tab, from there click the link provided. This will connect you to our portal login screen.

To create a password, click the “Forgot Password” link. From there you will be brought to the “Password Recovery Help” page, enter your username, which is the email address you provided to our office, click submit.

A message will be sent to your email account with a link to the “Patient Portal Password Recovery” page. Enter the information requested and click the submit button. You can now create your password. The system will walk you through the process of creating a password that meets the guidelines for password strength.

Once you have created your password and answered all the questions, click the submit button. This will bring you to the Patient Portal login screen where you will be able to login to your account by entering your username and newly created password.