1. You will be sent an email with a link to our new patient paperwork as pictured below: Click on the link provided.



\odot	← Reply	« Reply all	ightarrow Forward	
			Wed 9/13/2023 10:4	19 AM

2. You will then be redirected to another site as depicted below:



Additional Authentication Required

The sender has requested your authentication for this document.

1. Please provide us with your name and email address to ensure secure authentication.

Name	Email Address
Your use of this site is su	bject to Terms of Service
Accessibility mode 😗	GET STARTED >

3. Fill out your name and email address. Then click on "Get Started".

4. You will be redirected to the "Electronic Record and Signature Disclosure" page (pictured below). After reading the disclosure, Click "I Consent".



Electronic Record and Signature Disclosure

Agreement to do business with Dr. Janjua

Electronic Record and Signature Disclosure

From time to time, **Dr. Janjua** (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the airSlate, Inc. (airSlate) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the "I Consent" button below.

· All notices and disclosures will be sent to you electronically

We will be providing you via electronic mail to the your email address of all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you.

Valid and current email address, notification and updates



5. It will take you to the Registration form in which you are required to click "Got It" and then "Let's Go".

City:	State: Zip:	
Home Phone:	-	
Cell Phone:	Welcome!	nt reminders? Yes
Preferred # to Contact:	Vou're here to fill and submit this document. It's a simple, step by	
Can we leave a message	step process, and we'll walk you through it! Ready to get started?	
-	Before we get started, we just want to make sure you understand	
Email:	that your digital signature is legally binding. You can read more about that here.	
Can we send you office	n Got it. I agree to use electronic records and signatures	
Sex: F / M	S Let's Go!	Age:
Marital Status: Single		lenarated

6. At this point you will start filling out the patient registration information. Note that the *required fields are denoted with a red triangle in the corner*. These fields must be filled out. If it is not applicable to you, put in N/A (not applicable) in the field since it is a required field and it will not allow you to submit the form at the end.



7. After completing the form, click done to submit the form.

