

DR. _____
() _____

Are you tired of all the paperwork you are required to fill out in the Dr's office? Is it difficult for you to write when trying to provide your information or just plain time consuming? Would you like an alternative?

Why not complete the necessary medical questionnaire from the comfort of your home.

The secured web site is: <https://doxweb.doxemr.com/>

Please use the Internet Explorer browser

Utilizing this option will cut down on your wait time and stress in the office when the focus should be on your medical issues and the Dr's recommendations.

your user name is : _____

1st initial of your first name,
Your last name and
your date of birth using two digits for the month, two digits for the day
and four digits for the year.

Your password is: _____

Your last name and
your 10 digit phone number

All in lower case No commas, No dashes and No spaces.

Please try this exciting new method.