

Our office is online!

Good news, now you can...



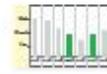
E-mail a Doctor
or Nurse



Request
Appointments



Request
Medication
Refills



Get Your
Lab Results

It's Easy To Get Started

Just give your e-mail
address to our staff.



ARMY MEDICINE
Serving To Heal...Honored To Serve
SECURE MESSAGING SERVICE

POWERED BY  RelayHealth

We are collecting your email address for our records, and will use it to issue you an invitation to enroll in our online communication service. Enrollment is optional. We will not disclose your address to others without your prior written consent.

YES, I would like to register.

Fill out the registration form below and return it to a member of your PCM Health Care Team. The staff member will verify your identity using your military ID card. Following the IN-PERSON submission of your registration, you will receive an email asking you to complete the registration process online.

AMSMS powered by Relay Health registration Form

Please print clearly:

First Name: _____ Last Name _____

Date of Birth (MM/DD/YYYY) _____ Home Zip Code: _____

YOUR DOD ID # _____ or YOUR SSN # ____ - ____ - _____

Gender (circle one): male female

E-Mail Address: _____

Primary Care Manager (PCM) / provider: _____

This information is subject to the Privacy Act of 1974 (5U.S.C. Section 552a)

CLINIC USE ONLY

Patient ID verified: Date: _____ Staff Initials: _____

E-Mail Invitation Sent: Date: _____ Staff Initials: _____