

REQUEST TO ADD PATIENT INTO CMIS

Patient First Name: _____

Middle Initial: _____

Patient Last Name: _____

Date of Birth: _____

SSN: _____

Address: _____

Phone Number: _____

County of Residence: _____

Race: _____

Assigned OB CARE MANAGER: _____

Requested by: _____

Date: _____

COMPLETE FORM ELECTRONICALLY AND SEND AS AN ATTACHMENT VIA THE MESSAGE CENTER IN CMIS. DO NOT SEND VIA REGULAR E-MAIL.

Send to Lori Banks, Annette French and Betty Mazzeo- whoever is able to act on the request first will send you a message and copy the other two who received the e-mail to avoid duplication of efforts.

You will receive a reply from Lori, Annette or Betty that your message was received. You will also receive a second message from the same person stating that the patient has been added.