Al-Afiyah Medical Care

"We care. God Cures."

Patient Information

First Name:			
Last Name:		MI:	
Previous Name:			
Home Address:			
City:			
State:	Zip Code:		
Primary:	( ) - ☐Cell ☐Home		
Secondary:	( ) - ☐ Cell ☐Home		

DOB:	☐Male ☐Female
Marital Status:	☐Single ☐Married ☐Divorced ☐Windowed ☐Legally Separated ☐Partner
Employer name:	
	☐Full Time ☐Part Time
Race:	☐African American ☐Asian ☐Hispanic ☐White ☐Native American ☐Pacific Islander ☐Other ☐Declined
Ethnicity:	☐Hispanic/Latino ☐Not Hispanic/Latino ☐Declined

Patient Portal

Please sign up for our **patient portal** today. Our portal gives you access to your health-care data (medication list, laboratory results and medical summary) and most importantly you can communicate with us through the secure portal system. You can ask questions or refill your medications through the portal. Please be advised that it may take up to 3 working days to answer your request.

Patient's Email:

_____

Pharmacy Information:
Name:
Location (City) :
Phone: _____