

Online Check-in : Urgent Care 1

Please complete the online check-in form below. You can view additional times by clicking on the blue drop down bar. Only one reservation per patient please. Once you hit submit you will receive a confirmation

Online Check-in FAQs

Schedule your visit

11:00 AM Friday, May 36 (EST)

04:58

Patient Information

All fields are required unless otherwise specified.

Please enter patient's symptoms

Patient First Name

Patient Last

Patient Date of

Patient Gender

Cell

Patient Phone #

Patient Email

Has the patient visited this health system before?

YesNoNot Sure

Would you like to be notified via text?

YesNo

Msg & data rates may apply.

Terms and Conditions

☐

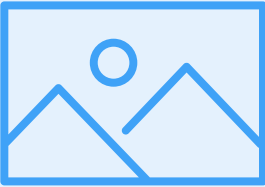
I understand that online check-in is not to be used for life threatening conditions. I do not believe that the patient's condition is life threatening. In case of life threatening conditions, I understand that I must call 911 immediately or proceed directly to the nearest emergency room for immediate medical attention. [What does this mean?](#)

☐

I consent to be contacted by email, and understand that the email may contain sensitive, personal health information. I understand that email messages have inherent privacy risks and that information may be seen or accessible to others during transmission. [Read more about these risks.](#) [Read our privacy policy.](#)

Submit

(It's FREE. Cancel any time. And, it helps us serve you better when you arrive.)



Online Check-in >

Headline 1

Link 1
Link 2
Link 3
Link 4

Headline 2

Link 1
Link 2
Link 3
Link 4