

## Client Portal New User Form

Please complete this form and sign below for employees/physicians to be given a user name and password for LigoLab Client Portal. [LIGO Connect](#)

**Client Name:** \_\_\_\_\_

**Client Address:** \_\_\_\_\_

**Client Phone Number:** \_\_\_\_\_

| Last Name | First Name | E-Mail Address |
|-----------|------------|----------------|
|           |            |                |
|           |            |                |
|           |            |                |
|           |            |                |
|           |            |                |
|           |            |                |
|           |            |                |
|           |            |                |
|           |            |                |

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Email the completed form to: [kcollins@sbfm.org](mailto:kcollins@sbfm.org)