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Patient Last Name: _____ Patient First Name: _____

DOB: _____

Heart and Vascular care is pleased to provide you with secure access to your patient care summary and test results through the patient portal on our website. Also, this feature will enable you to send our practice secure messages.

You must have an email on file in our office to register on the patient portal.

Email address: _____

I do not have an email address

If you do not have an email address and would like to receive an automated phone call about lab results please ask our receptionist for a test results pin number .