



Dr. Wynn N. Tran
Integrative Optometry & Vision Therapy
www.HealMyEyes.com

INSTRUCTIONS

CREATE PATIENT PORTAL & COMPLETE INTAKE FORMS ELECTRONICALLY

Follow the steps below, but **DO NOT hit the back button**. If "connection code expires", email our office so we can send another invite. This will streamline your check-in process and help us prepare for your visit.

1. Sign up through email:
 - You'll get an email invite to sign up within one week. Please complete asap.
2. Access Patient Portal:
 - Create user login
 - Enter DOB & Phone number that you provided to our office.



Dr. Nguyen Tran, OD, FAAO, FCOVD invites you to access your patient records

We need the following information to confirm your identity:

<p>Date of Birth</p> <input type="text" value="mm/dd/yyyy"/>	<p>Dr. Nguyen Tran, OD, FAAO, FCOVD Optometrist</p> <p>1844 SAN MIGUEL DR #300C Walnut Creek, CA 94596</p> <p>(888) 551-9991</p>
<p>Phone Number</p> <input type="text" value="(000) XXX-XXXX"/>	<p>Confirm and connect</p>

3. To Access Office Intake Forms:
 - Select "Check In" next to your appointment
 - Skip medical conditions that do not apply to you or your family members
 - Please do NOT skip Vision Symptom Survey. Complete, then add total.



Appointments Doctors Billing Messages Documents Health Profile Wynn Tran

Appointments [Book Video Visit](#) [Book Appointment](#)

UPCOMING APPOINTMENT

July 9, 2022 at 9:00 AM
Dr. Nguyen Tran, OD, FAAO, FCOVD [Check in](#)

PAST APPOINTMENTS

August 23, 2021 at 10:15 AM
Dr. Nguyen Tran, OD, FAAO, FCOVD

3a) For patients aged 18 or younger: Parent/Guardian, please complete "Developmental History" to the best of your knowledge. If adopted, please indicate under "additional comments".

3b) For Low Vision Patients: Please complete "Low Vision Section".



Connection code expired. Please ask your provider to send a new invitation to connect.

invites you to access your patient records

We need the following information to confirm your identity:

4. Privacy Notice:

- Please consent & sign at the very bottom of the page.

Reasons For Visit

PRIVACY NOTICE

Questions & Comments

Question or Comment #1 Question or Comment #2 Question or Comment #3

Consent & Signature

[HIPAA Data Use Agreement](#) 1 unread consent form Required

I'm done

Thank you for your participation!

Wynn N. Tran, OD, FAAO, FCOVD
Heal My Eyes Optometry

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Marin@healmyeyes.com