



**CRANFORD  
FAMILY  
PRACTICE**

ROBERT EIDUS, M.D.

Patient Portal Authorization

I authorize Cranford Family Practice to send secure emails regarding my Personal Health Information to my secure log-in on E-MDs Patient Portal.

email: \_\_\_\_\_  
please print clearly as this must be input accurately into our system

name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

I also authorize the use of the patient portal for the dependant children listed below:

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123 North Union Avenue  
Suite 204  
Cranford, NJ 07016

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FAX: (908) 272-7970

info@eidushealth.com

www.eidushealth.com