



ETCH Patient Portal Pre-Registration Process

Please make sure that you are going to the following address: <https://patientportal.etch.com>

Please Note: Do not use the browser back and forward page buttons; you must utilize the patient portal action buttons to navigate.

When you logon the Patient Portal, you can view and/or Pre-Register for an upcoming appointment. Currently, the system is set to allow a patient/parent to Pre-Register 7 days prior to the actual appointment.

When an upcoming appointment is available, you will see this on the entry screen from the Patient Portal:

The screenshot shows the Patient Portal interface. At the top, there are five navigation icons: Health Record (folder with red cross), Medications (Rx and pill bottle), Appointments (calendar with clock), Billing (dollar sign and calculator), and Profile (person icon). Below these is a section titled 'Upcoming Appointments' with a red border. It lists one appointment: 'Wed, Jun 11, 2014 7:00 am INCISION AND DRAINAGE SED STE Radiology'. Below that is a 'Recent Visits' section with a blue border, listing: 'Fri, May 02, 2014 11:00 am Inpatient 3rd Floor West - Medical'.

Clicking on the appointment will give you some of the details for this appointment.

The screenshot shows the appointment details page. It starts with a yellow box containing text: 'Appointment details: appointment name, provider that requested the appointment, department for the appointment, approximate duration of the appointment, reason for the appointment and any patient instructions. If you have questions, please review the department listing on the main appointment screen. [Learn More](#)'. Below this is a section with a red border titled 'Wednesday, June 11, 2014 at 7:00 am'. It lists the following details: Appointment: INCISION AND DRAINAGE SED STE, Provider: Buzz Lightyear, Location: Radiology, Duration: 30 minutes, Reason For Visit: Abdominal Pain.



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Clicking directly on the Appointments button at the top of the page will take you to the Appointment Screen.



From this screen, you will get more information on appointment date/time, location, etc...

To reschedule/cancel an appointment or for questions, please contact the department listed below:

Neurology Lab 865-541-8108
Outpatient Infusion 865-541-8311
Pulmonary Function Lab 865-541-8113
Radiology 865-541-8106
Rehabilitation Center 865-690-8961
Sleep Medicine Center 865-541-8478

**Please Note: The appointments listed WILL NOT include appointments that are seen within the MOB (Medical Office Building). [Learn More](#)

Date	Appointment	Location	
Wed, Jun 11, 2014	7:00 am INCISION AND DRAINAGE SED STE	Radiology	

Means you may now pre-register for your appointment
 Means you have already pre-registered

If you click on the icon, it will take you to the following screen where you can click on the “Pre-Register” button:

Appointment details: appointment name, provider that requested the appointment, department for the appointment, approximate duration of the appointment, reason for the appointment and any patient instructions. If you have questions, please review the department listing on the main appointment screen. [Learn More](#)

Wednesday, June 11, 2014 at 7:00 am

Appointment:	INCISION AND DRAINAGE SED STE
Provider:	Buzz Lightyear
Location:	Radiology
Duration:	30 minutes
Reason For Visit:	Abdominal Pain

[Contact Us](#)

[Back to List of Appointments](#)

[Pre-Register](#)

[Print](#)



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If you click on the "Pre-Register" button, you will see the following:
The first screen (Patient Profile) gives basic information for you to review.

Rick1 Simpson's
Appointments

Pre-Registration

The Pre-Registration allows you to pre-register for an upcoming appointment. To review and then update this information, select 'Continue'. To confirm this information is correct, select 'Submit'. [Learn More](#)

Patient Profile > Demographics > Employer > Contacts

Demographic Information	Person To Notify
Name	Name <input type="text" value="<YourName>"/>
Birthdate 09/26/1968	Relationship Relationship to Patient
Marital Status Marital Status	Address 123 Main Street
Race White	
Religion Baptist	KNOXVILLE, TENNESSEE 37918
Address 123 Main Street	Home Phone 865-555-1212
	Other Phone
KNOXVILLE, TENNESSEE 37918	
Home Phone 865-555-1212	
Other Phone	
Email <input type="text" value="yourname@domain.com"/>	

Next Of Kin	Employer
Name <input type="text" value="<YourName>"/>	Name
Relationship Relationship to Patient	Address
Address 123 Main Street	Phone
KNOXVILLE, TENNESSEE 37918	Occupation
Home Phone 865-555-1212	Status
Other Phone	

Insurance

Name BC,BS TN(BLUE SELECT 390/890)

Policy Number

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The following screens allow you to make changes to Demographics, Employer, and Contacts.

Pre-Registration

The Pre-Registration allows you to pre-register for an upcoming appointment. To review and then update this information, select 'Continue'. To confirm this information is correct, select 'Submit'. [Learn More](#)

Patient Profile > **Demographics** > Employer > Contacts

Marital Status	<input type="text" value="Marital Status"/>
Race	<input type="text" value="White"/>
Religion	<input type="text" value="Baptist"/>
Address	<input type="text" value="123 Main Street"/>
City	<input type="text" value="KNOXVILLE"/>
State	<input type="text" value="TENNESSEE"/>
Zip	<input type="text" value="37918"/>
Home Phone	<input type="text" value="865-555-1212"/>
Other Phone	<input type="text"/>
Email	<input type="text" value="yourname@domain.com"/>
Mother's Name	<input type="text"/>

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Pre-Registration

The Pre-Registration allows you to pre-register for an upcoming appointment. To review and then update this information, select 'Continue'. To confirm this information is correct, select 'Submit'. [Learn More](#)

Patient Profile > Demographics > **Employer** > Contacts

Employer Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Phone	<input type="text"/>
Occupation	<input type="text"/>
Status	<input type="text"/>

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Pre-Registration

The Pre-Registration allows you to pre-register for an upcoming appointment. To review and then update this information, select 'Continue'. To confirm this information is correct, select 'Submit'. [Learn More](#)

Patient Profile > Demographics > Employer > **Contacts**

Next of Kin

Name	<YourName>
Address	123 Main Street
City	KNOXVILLE
State	TENNESSEE
Zip	37918
Home Phone	865-555-1212
Other Phone	
Relationship To Patient	Relationship to Patient

Person to Notify

Same as Next of Kin

Name	<YourName>
Address	123 Main Street
City	KNOXVILLE
State	TENNESSEE
Zip	37918
Home Phone	865-555-1212
Other Phone	
Relationship To Patient	Relationship to Patient

Back Page 4 of 4 Submit

When completed, click on the Submit button.





ETCH Patient Portal Pre-Registration Process

After submitting, you will get the following:


You have pre-registered for the following appointment:


INCISION AND DRAINAGE SED STE


Wednesday, June 11, 2014 at 0700

Buzz Lightyear

If you return to review the appointment(s) status, you will see that you have now Pre-Registered for the appointment.

Date	Appointment	Location	
Wed, Jun 11, 2014	7:00 am INCISION AND DRAINAGE SED STE	Radiology	

 Means you may now pre-register for your appointment

 Means you have already pre-registered