
Last Name

First Name

Middle Initial

Date of Birth

Last 4 Digits of SSN

Gender

Zip Code

Primary Phone Number

E-mail Address

Bay Area Hospital Staff Only

I have verified this patient's identity
with a photo ID.

Photo ID Type

Photo ID Number

Registration Staff Member's Signature

Staff Member's Printed Name

Date



Technical Questions

Call (541) 269-8242

or e-mail mycare@mycarecoast.org

Patient Record Information

Call (541) 269-8157

or e-mail health.info@mycarecoast.org

8 a.m. to 4:30 p.m.

Monday through Friday

Bay Area Hospital
myCare Brochure
6015-410REV0618

The Medical Center for Oregon's Coast



(541) 269-8111

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Patient Guide

How to use your online
health information
management tool.

