

# ***PATIENT PORTAL SIGN-UP***

Sign-up for our new patient portal. In the patient portal you will have access to your child's vaccine record, health history, request refills on active medications, request appointments for non-ill visits.

**PLEASE PRINT**

Parent name \_\_\_\_\_

**PLEASE PRINT**

Parent email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ state/zip code \_\_\_\_\_

Phone number \_\_\_\_\_

Child's name \_\_\_\_\_ date of birth \_\_\_\_\_

Child's name \_\_\_\_\_ date of birth \_\_\_\_\_

Child's name \_\_\_\_\_ date of birth \_\_\_\_\_

**PLEASE GIVE TO THE FRONT DESK**