

Uptown Pediatrics, PC
Parent/Guardian Request to Access Patient Portal
Please Print Clearly

Parent Name: _____

(Patient Name if over 18yrs)

Parent Email: _____

(Patient Name if over 18yrs)

Can we keep this email address on file for other communication such as practice updates and important reminder?

Yes No

Parent Phone: _____

(Patient Name if over 18yrs)

****For Population Health Reporting Selection required:**

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefers not to answer

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Prefers not to answer

Patients requested for portal access

First Name	Last Name	Birthdate

Please allow 72 hours to receive your email from our office containing your temporary password to access the portal.