



TLC Pediatrics Revere
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TLC Pediatrics Everett
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MHCC Request Form

Patient Name: _____

Patient Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

We are here to support you!

If your child has a disability or a chronic illness, your journey may feel like the road less traveled. You probably have interactions with many different professionals and specialists. You need information, assistance, understanding, and support. In a few words, please share what additional services and/or support you would like to request for your child.

Reason for request: _____

****Please note we do require patient and/or parent are actively registered for a MyChart account, please indicate if you need assistance with registering for a MyChart account.****

Yes, I need help () No, I have a MyChart account already ()