

MyChart Registration

As part of our transition to the EPIC electronic medical record system, we are encouraging patients and families to sign up for MyChart. MyChart enables you to view your child's medical record (including notes from medical visits and lab tests), request prescription refills, schedule appointments and even download camp and sports forms. You can access MyChart through the web and mobile apps for iOS and Android devices. We are confident MyChart will aid in communication with our office.

Access is available to parents or legal guardians and also to patients age 13 and older. Parents or legal guardians of patients age 13 and older will have access to only certain features to ensure confidentiality between the patient and his or her pediatrician. Parents or legal guardians of patients age 18 and older can obtain access to certain features only with permission from the patient and only after completion of the MyChart Adult Proxy Access Consent Form.

Please complete this form and return it to our office to start the process of enrollment. If you have multiple children, please list all of them so we can link them all to your account. You will receive information to complete the enrollment via email.

Patient Information (PRINT CLEARLY)

Patient name:

Date of birth: _____ Zip code: _____

Patient Mobile Phone (age 13+): _____

Patient Email Address (age 13+): _____

Parent/Legal Guardian Information

Parent/Legal guardian name:

Date of birth: _____ Zip code: _____

Mobile Phone: _____

Email Address: _____

2nd Parent/Legal Guardian Information

Parent/Legal guardian name:

Date of birth: _____ Zip code: _____

Mobile Phone: _____

Email Address: _____

Additional Children to Link to your MyChart account

Patient name: _____

Date of birth: _____ Zip code: _____

Patient Mobile Phone (age 13+): _____

Patient Email Address (age 13+): _____

Patient name: _____

Date of birth: _____ Zip code: _____

Patient Mobile Phone (age 13+): _____

Patient Email Address (age 13+): _____

Patient name: _____

Date of birth: _____ Zip code: _____

Patient Mobile Phone (age 13+): _____

Patient Email Address (age 13+): _____