



PEARLAND PEDIATRICS

& SPORTS MEDICINE

Parent Name: _____

Parent Email: _____

Parent Phone: _____

Patients requested for portal access

First Name	Last Name	Birthdate

Once your account is created, you will receive an email with a temporary password that is active for 1 week. You will need to sign into the portal in order to complete your account set-up. Be sure to verify that your name appears correctly and that the names of the patients you have requested access to appear on the screen.

Please be aware that when a patient turns 18, the record for that patient automatically becomes **private**. After the patient is 18, he or she may grant permission to a parent or guardian to have access to the chart by completing and signing a release form. This permission can be revoked at any time at the request of the patient or at the discretion of the physician.

Please note that messages sent through the portal will only be checked during normal business hours Monday-Friday 8am-5pm.

Signature _____

Date _____

I hereby avow that I am the authorized legal guardian for the aforementioned patients and give permission for Pearland Pediatrics and Sports Medicine to enroll them in the patient portal.

Please allow 48 hours to receive your email from our office containing your temporary password to access the portal.

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