



Alliance Pediatrics, P.A

Patient Portal Registration form

Our Website will bring to you the convenience of your child's medical summary important pediatric health updates, practice contact information, and much , much more!

Please take a moment to fill in your contact information so that we may send the invite for this great service

Parent/Guardian filling out this form, first and last name:

Parent/ Guardian Email Address:

Child # 1 Name (F,M,L):

Child # 1 DOB:

Child # 2 Name (F,M,L):

Child # 2 DOB:

Child # 3 Name (F,M,L):

Child # 3 DOB:

Child # 4 Name (F,M,L):

Child # 4 DOB:

Please list your most current telephone number: (____) _____ - _____

Please list your most current address information:

City: _____ State: _____ Zip Code: _____

I give Alliance Pediatrics permission to contact me via the email address listed above for Secure Portal Messaging, newsletters and other practice related communication.

Signature

Date