**The Pediatric Group, PLLC**

**Parent/Guardian Request to access Patient Portal**

**Please Print Clearly**

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patients requested for portal access**

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| --- | --- | --- |
| **First Name** | **Last Name** | **Birthdate** |
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**PORTAL MESSAGES ARE ONLY ANSWERED DURING OFFICE HOURS AND SHOULD NOT BE USED FOR URGENT MATTERS.**

**Return completed form to** [**frontd@tpg.pcc.com**](mailto:frontd@tpg.pcc.com) **or fax to 405-945-4893**