

P (973) 625-5090 F: (973) 625-8006

## REGISTRATION REQUEST FOR MYKID'S CHART

Email address:	
First name:	
Last name:	
Phone number:	
Patients to add to account:	
Name	Date of Birth
4	
week. You will need to sign into the portal in or	der to complete your account set-up. Be sure to verify that of the patients you have requested access to appear on the
Messages can still be sent in regards to the patier patient is 18, he or she may grant permission to a	record for that patient automatically becomes <b>private</b> .  nt, but information in the chart cannot be viewed. After the a parent or guardian to have access to the chart by completing be revoked at any time at the request of the patient or at the
I hereby avow that I am the authorized leg permission for Denville Pediatrics to enro	gal guardian for the aforementioned patients and give ll them in the patient portal.
Signature	Date