

Essex Pediatrics Patient Portal Account Request

Parent/Guardian Name: _____

Email Address: _____

Patient Name(S)	DOB	Your Relation to Patient:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Phone Number: _____ Date: _____

Signature: _____

To foster independence and protect confidentiality of our patients, access to patient information is only available for children less than 13 years old. Permission will only be granted to legal guardians.

Requests may take up to five business days to complete. Once complete, you will receive an email from "noreply@ep.pcc.com" with a link to the portal as well as a temporary password which is valid for one week. Please note: Gmail will automatically place the email in your spam folder.

Please fax or mail completed form to:

Essex Pediatrics
89 Main Street
Essex Junction, VT 05452
Phone: 802-879-6556
Fax: 802-872-8021