

Haywood Pediatrics Patient Portal

Access to your children's medical information 24/7 from any computer, Smartphone or tablet!

- Request Appointments
- Send and receive secure messages
- View test, x-rays & lab results
- View and pay your bill
- Request prescription refills
- Receive appointment reminders and other care reminders
- View and print immunizations
- And much, much more
- Download the free mobile app! (FollowMyHealth-Mobile)



**Please list ONLY children you have legal custody/guardianship of, sorry NO step-children!
Patients 18 and over must complete this form themselves!**

Child's Name _____ DOB _____

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Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Check one: Parent

Legal Guardian (We must have documentation of custody before sending an invite)

Self

HIPPA laws prohibit access to anyone other than parent or guardian. Step-Parent or Foster Parent cannot receive an invitation.

****Please note, we can send out portal invites to both parents, so please include both email addresses if different.**

First Name _____ Last Name _____

Email Address _____ Last 4 of Social Security # _____

Address _____ City _____

State _____ Zip _____ Telephone _____

First Name _____ Last Name _____

Email Address _____ Last 4 of Social Security # _____

Address _____ City _____

State _____ Zip _____ Telephone _____

Signature: _____ Date: _____

Thank you for letting Haywood Pediatrics be your medical home.