EMR INFORMATION - UPDATE

PATIENT INFORMATION - PLEASE LIST AL	L CHILDREN WE WILL BE CARING FOR -
PATIENT(S) NAME	DATE OF BIRTH
PHARMACY INFORMATION	
**THIS INFORMATION WILL BE KEPT ON FILE. IF	MEDICATION IS PRESCRIBED FOR YOUR CHILD IT WILL
	ASTER SERVICE (UNLESS OTHERWISE INDICATED).
PHARMACY PHONE #:	
NAME OF PHARMACY:	
LOCATION (CROSS STREETS):	Zip Code:
LOCATION (CROSS STREETS).	<i>Σι</i> ρ Coue.
ARE THERE ANY KNOWN DRUG ALLERGI	[ES?
PARENT'S INFORMATION	
EMAIL INFORMATION WILL BE ADDED TO OUR PRIVATE EMAIL ACCOUNT FOR OFFICE UPDATES	
(IMMUNIZATION/SCHEDULING REMINDERS ON	L1).
PRIMARY EMAIL ADDRESS:	
ALTERNATE EMAIL ADDRESS (OPTIONAL):	,
PLEASE CHECK THE BOX IF YOU WOULD LIKE TO SIGN UP FOR OUR PATIENT PORTAL.	
A LINK WILL BE EMAILED TO YOU TO CREATE AN LOG IN AND PASSWORD	
THE PATIENT PORTAL WILL GIVE YOU ACCESS TO IMMUNIZATION RECORDS, SHOW ANY APPOINTMENTS SCHEDULED-	
REQUEST TO SCHEDULE APPOINTMENTS, VIEW AND PAY BALANCES, UPDATE YOUR CHILDS RECORDS	
FATHERS NAME:	MOTHERS NAME:
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE: ZIP:	STATE: ZIP:
HOME PHONE:	HOME PHONE:
CELL PHONE:	CELL PHONE:
WORK PHONE:	WORK PHONE:
	E NUMBER IS THE PREFERRED CONTACT#
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