



Patient Portal Registration and Consent

3340 Providence Drive, Suite 500-Building A, Anchorage, AK 99508
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Please Fill Out Form and Return to the Front Desk

Anchorage Pediatric Group is excited to offer the latest technology in paperless doctor-patient communication by offering an online patient portal through Intelichart. This is a secure way for you to electronically access your child's medical records and communicate with our office.

The portal allows you to:

- View some of your child's medical information including immunizations, allergies & growth charts
- Request prescription refills
- Request non-urgent communication between staff and providers

Parent/Guardian Information (all information is required)

Name: _____
Mailing Address: _____
City, State, Zip: _____
Primary Phone: _____
Email: _____
Preferred Method of Contact: _____

Patient Information (all information is required)

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

With my signature below I attest that I am the parent or legal guardian of the child(ren) listed above and give Anchorage Pediatric Group and its authorized users consent to communicate securely through IntelliChart.

Signature of Parent or Guardian (unsigned forms will not be valid)

Today's Date