



Follow My Health – Patient Portal Request Form

After completing this form, you will receive an invitation email from Cardinal Pediatrics.

Guardian Name: _____

Guardian Date of Birth: _____

Email: _____

Phone Number: _____

Address: _____

Child #1 Name / DOB: _____

Child #2 Name / DOB: _____

Child #3 Name / DOB: _____

Child #4 Name / DOB: _____

Child #5 Name / DOB: _____

Child #6 Name / DOB: _____

Upload to our secure portal: www.cardinalpediatrics.com/securesend or email forms@cardinalpediatrics.com