Welcome to My Kid's Chart!

Our patient portal will allow you to:

- view upcoming appointments for your child
- review a visit summary for your child's appointments, including
- diagnoses
- vitals (height, weight, etc.)
- screening results (vision, hearing)
- receive lab results
- download and print a copy of your child's immunization record

In addition, you will be able to send secure messages to the office to request

- non-urgent medical advice (from the nurse)
- non-same day appointments (check-ups, follow-up appointments)
- prescription refills

These messages are responded to during normal business hours, and it may take 24 hours for a reply. You will receive a notification at the email address you provided that a new message is waiting for you in the patient portal. You can retrieve the message by visiting **mykidschart.com/pedsmtcarmel**.

To request an appointment . . .

You will need to provide as much specific information as possible, such as

- Patient name and date of birth
- Type of appointment needed
- Doctor you would like to be scheduled with
- Office location
- When
- specific date or day of the week
- time of day

Please call the office directly if you need to schedule a same day appointment or reschedule an existing appointment

To request a prescription refill . . .

You will need to provide the following information

- Patient name and date of birth
- Name of medication, including if it brand-name or generic, and dose
- Pharmacy to send refill to OR office location for pick-up

Prescription refills can take up to 72 hours before they are complete and cannot be expedited

Do not send a message if you wish to request a different medication or dose—these type of requests typically require an appointment with the Doctor who usually prescribes the medication

For more information

http://learn.pcc.com/Content/MyKidsChart/PortalUserGuide.htm

My Kid's Chart Registration

Email address: First name:	
Phone number:	
Patients to add to account:	
Name	Date of Birth
on the screen.	Ssion to a parent or guardian to have access to the This permission can be revoked at any time at the
Signature	Date
THIS FORM CAN BE FAXED TO 513-752-33	387 IF COMPLETED OUTSIDE OF THE OFFICE
For office use only	
Date account requested	
Date account set-up	
Initials	
Temporary password	