



PATIENT PORTAL ENROLLMENT FORM

To register for our patient portal please complete the following information below.

After completing the Patient Portal Enrollment form, please return the completed form back to PAK via fax, mail, email or drop off at our office. Please allow 24-72 hours for your account to be activated. Then you will receive an email at the address you provided.

It will show as noreply@pak.mykidschart.com

Please check all your inbox/spam folders for a confirmation email with a temporary password. The email will then prompt you to reset your temporary password. The password is time sensitive and you have 1 week to create a new password. Your “login” will be the email you provided along with the new “password” you create.

If you have a child/children that are 18 yrs of age or older their information will not appear in your family account.

Email Address: _____

First & Last name of account holder _____

Child/children Name(s)	_____	DOB	_____
	_____	DOB	_____
	_____	DOB	_____

I _____ attest this information is correct. I understand PAK may call to verify email address. I authorize PAK to enroll the above email address for PAK Patient Portal.

Date _____

Address: Pediatric Associates of Kingston
425 Tioga Ave, Kingston, PA 18704

Fax: 570-288-7130
Email: reception@pak.pcc.com

