Doctors' Pediatric
Your family is our family

Wilton Office: 55 Danbury Rd. Wilton CT, 06897
Phone: 203-762-3363 **Fax:** 203-762-1999

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Patient Portal Proxy Authorization Form

I understand and acknowledge that as of my 18th birthday, my parents and/or guardians will no longer access to my patient portal without my specific written permission.

_____I **DO** grant any access to my patient portal to the following. I understand that I have the right to revoke this authorization at any time.

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Name of parent/guardian	relationship to you	DOB	email address
Name of parent/guardian	relationship to you	DOB	email address

Please write legibly

PRINTED NAME	SIGNATURE	DATE OF BIRTH
PATIENT CELL PHONE	PATIENT EMAIL	DATE