



## Proxy Invite Approval for Access to Online Health Record

Today's date: \_\_\_\_\_

I give permission for Center City Pediatrics to sign me up as a "proxy" to access my child (ren)'s online health record.  
PLEASE PRINT TO ENSURE ACCURACY

Your First Name: \_\_\_\_\_

Your Last Name: \_\_\_\_\_

Your email Address: \_\_\_\_\_

Proxy passcode (last four digits of your oldest child's date of birth [YYYY]): \_\_\_\_\_

Name of child (ren)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Birth of child (ren):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship (circle one): Mother    Father    Step Mother    Step Father    Guardian    Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please note that this information above will be used only invite a proxy to join our patients' online health records. This information will **NOT** be updated or entered into your child (ren)'s account.

Preferred Provider: (Please Circle One) Dr.Berger    Dr.Warren    Dr.Madani    Dr.Fischer    Dr.Barkan  
Dr.Robinson    Dr.Lee    Dr.Chiang, DO    Amanda Naumann, CRNP

Location: (Please Circle One) Main Office (Center City)    OR    Satellite Office (Bala Cynwyd)

Signature: \_\_\_\_\_

**TWO LOCATIONS. ONE GREAT PLACE FOR KIDS.**

1740 South Street • Suite 200 • Philadelphia, PA 19146 • 215.735.5600  
33 Rock Hill Road • Suite 170 • Bala Cynwyd, PA 19004 • 610.257.9000  
[www.centercitypediatrics.com](http://www.centercitypediatrics.com) • [info@centercitypediatrics.com](mailto:info@centercitypediatrics.com)