


To register : Click **“Let’s Get Started”**

The screenshot shows the PatientPortal registration interface. At the top right, there is a language dropdown menu set to "English". The main content area features the PatientPortal logo and a friendly greeting: "Well, hello there!". Below the greeting, a message states: "To get your account ready, we just need to verify a few things. This shouldn't take more than a couple of minutes." The registration form includes two input fields: "Email address" with the value "info@pediatrichealthcarenw.com" and "Choose a password" with a masked password of eight dots. A small eye icon is visible to the right of the password field. Below the password field, a requirement note reads: "Must be at least 8 characters long and contain at least 1 number". A teal "CONTINUE" button is positioned at the bottom of the form. On the left side of the page, a teal vertical banner contains a white "SIGN IN" button. A white callout box with a black border is overlaid on the page, containing the text "Enter your email and Create a Password". Two black arrows originate from this box: one points to the email address input field, and the other points to the password input field.


English ▾

 PatientPortal

Well, hello there!

To get your account ready, we just need to verify a few things. This shouldn't take more than a couple of minutes.

Email address
info@pediatrichealthcarenw.com

Choose a password
●●●●●●●● 

Must be at least 8 characters long and contain at least 1 number

CONTINUE

SIGN IN

Enter your email and
Create a Password



Enter Your (the parent) Date of Birth: Choose security question and security Answer:

Tell us a little bit about yourself

Birthday



Enter date as mm/dd/yyyy

Choose a security question



This will help us verify your identity in the future.

Security Answer

My practice gave me a PIN for



Myself




A child


Choose my practice gave a PIN for "A CHILD": Only use "Myself" if the patient is 18 years old and the portal is for the 18 years or older patient

BACK

CREATE MY ACCOUNT

My practice gave me a PIN for


Myself


A child

First, we need to get some more details about you.


We will ask for your child's information on the following screen.

Enter the parent's name who is registering the child on portal and if Parent is male or Female. Registering parent's phone number and check you agree to the terms & conditions

First name Last name

Sex


Male


Female

Phone number

I have read and agree to the [Terms & Conditions](#).