



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL

PATIENT CARE REPRESENTATIVE (PCR) ACCESS AUTHORIZATION TO PATIENT GATEWAY APPLICATION

PRACTICE/PROVIDER (OR STAMP WITH PATIENT/PROVIDER INFORMATION)

BROCKTON PEDIATRICS, INC. 65 LIBBY STREET BROCKTON, MA 02302 (508) 684-6000

STEP 1: (ONE PATIENT PER FORM)

PATIENT INFORMATION (REQUIRED) PATIENT FULL LEGAL NAME: PATIENT DATE OF BIRTH: PATIENT MEDICAL RECORD #: SEX: AGE: PATIENT ADDRESS: STREET: APT.#: CITY: STATE: ZIP CODE: FOR PATIENTS OVER THE AGE OF 13, CREATE A PG ACCOUNT FOR THE PATIENT IF YES, PATIENT'S EMAIL ADDRESS: (Note: for patients 13 to 17, a PCR must exist in order for the patient to have a PG account)

STEP 2: (ONE PCR PER FORM)

PATIENT CARE REPRESENTATIVE - PCR INFORMATION (REQUIRED) PCR FULL LEGAL NAME: PCR DATE OF BIRTH: PCR EMAIL: PHONE: PCR ADDRESS IS SAME AS PATIENT Yes No (ADDRESS BELOW) SEX: PATIENT ADDRESS: STREET: APT.#: CITY: STATE: ZIP CODE: DOES PCR HAVE A PATIENT GATEWAY ACCOUNT? IF YES, PATIENT GATEWAY USERNAME: DOES PCR HAVE A MEDICAL RECORD NUMBER? (IF YES, MRN:)

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Authorization Received By: Date:

Approved By:

Clinic/Office:

PCR Identification:

- License State ID Passport Other Photo ID

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