



Children's SKIN CENTER, PA

(305) 669-6555

WWW.CHILDRENSSKINCENTER.COM

PATIENT PORTAL ENROLLMENT FORM

Patient Name:

Date of Birth:

Month of Last Visit (if known):

Zip Code/Postal Code:

Email address:

Once completed, you can email to ALZaun@Gmail.com or fax to (305) 668-5579

WHAT TO EXPECT:

1. You should receive an email invitation.
2. Create an account using the "postal code" you provided.
3. Verify all your information.
4. You can use the portal to communicate with the Children's Skin Center with confidence that all communication is secure.

