Boston Children's Hospital | Global Services
Until every child is well

MyPatients Portal Registration Form

Please return this form typed

First Name	
Last Name	
Date of Birth (DOB)	
Email Address	
Phone Number	
Fax Number	
Provider type (ie. MD)	
Practice Name	
Practice Address	
NPI Number (if applicable)	
Specialty	

In addition to filling out this form, please provide the following:

1. Photocopy of passport or government-issued ID
2. Photocopy of medical license (with official English translation if applicable)
3. Signed MyPatients user agreement