

Patient Portal

To access your child's medical records on <https://ppnp.pcc.com/portal>, we need the following information:

Please Print:

Email address

First Name

Last Name

Phone Number (optional)

Children's name/names and DOB

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Return to Front Office Staff prior to leaving for your password