

CREATE AN ACCOUNT INSTRUCTIONS

Step 1: Visit www.Patientportalfl.com

Step 2: Click “Create an Account”

The screenshot displays the CDR HealthPro website interface. At the top left is the logo "CDR HealthPro™". The navigation menu includes "Home", "Create An Account", "Find A Location", and a "Log In" button. The main banner features a background image of healthcare workers in blue scrubs and face shields, with the text "WELCOME TO CDR HealthPro™" and "COVID-19 TESTING AND VACCINATIONS". Below the banner is a yellow bar with four steps: STEP 1: Create an Account; STEP 2: Select Get Tested or Get Vaccinated; STEP 3: Register for Your Visit; STEP 4: Present Your Code at the Site. Underneath this bar is the heading "ACCOUNT SIGN-UP" and two buttons: "CREATE ACCOUNT" (highlighted with a red border) and "LOG IN".

Step 3: Complete the Registration Form

- a. Enter the First Name, Last Name, Date of Birth, Phone, Email, Password, Gender, Race, Ethnicity, indicate if you live in a house with 2 or more people, and Occupation.
- b. Select the box if you need to register a minor or ward
 - a. First, parent most complete their registration
 - b. Second, register a minor
- c. For the Insurance related fields, you can **“Decline to Answer”** or select from the drop-down options.
(Insurance is not required to receive the COVID-19 Vaccine and you will not be billed for this service.)

FAST, ACCURATE, CONVENIENT.

[Basic Info](#) | [Home Address](#) | [Demographics](#) | [Insurance Information](#) | [Acknowledgements](#)

Basic Info

Do you need to register any minors or wards today?(After completing your registration below, you will register them)

Yes


***First Name**

Patient

***Last Name**

Ztest1

***Date of Birth**

2/5/1930 

***Phone (for calls)**

5555555555

This is an International Phone Number

Opt in to SMS(Text) notifications

Mobile Same As Phone

Mobile (for SMS)

Instructions

****If using the same email address to create multiple accounts, please make sure the username is unique to each account**

Opt in to email notifications

***Email**

***Confirm Email**

I don't have an Email

***Username**

***Create Password**

***Confirm Password**

Passwords do not match

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Basic Info [Home Address](#) Demographics Insurance Information Acknowledgements

Home Address
Search for your Home Address (Enter Zip Code if there are no results for your Street Address)

Country

Street (include Apt/Suite after street, if necessary)

City State

Postal Code

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Demographics

Gender
Female
 Decline to answer

Race
White
 Decline to answer

Ethnicity
Non-Hispanic
 Decline to answer

Do you live in a house with 2 or more people?
Yes
 Decline to answer

Occupation
Healthcare Worker
 Decline to answer

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- d. **Acknowledge the Consents** by selecting the boxes
- Click on **Sign Up** to complete your Registration Account
 - You will receive an email and/or text message once you have completed your account
 - Show your email or text to the Check In staff at the Vaccination Site to receive your vaccine

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Basic Info Home Address Demographics Insurance Information Acknowledgements

Acknowledgements

In order to use the CDR Maguire App you must make certain acknowledgments.

Logging in to your Account acts as a legally binding signature, same as your handwritten signature on a paper document, and confirms that:

- * I am 18 years of age or older.
- * I have read and understood the information provided.
- * I have read and understand and will abide by the [CDR Maguire Terms and Conditions](#), [Privacy Policy](#), and [HIPAA Privacy Notice](#). I hereby provide my express consent and authorization to release my personal health information, including any COVID-19 test results, to this account I have created and anyone who logs in using my credentials going forward.
- * I have read and understand my waiver of liability on the [Ordering Provider](#).
- I agree to and provide [Authorization for Use of PHI](#).
- I provide my [Consent](#) for CDR to Contact.

[Sign Up](#)

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CREATE AN ACCOUNT FOR A MINOR/WARD INSTRUCTIONS

Step 1: Register A Minor/Ward

- e. If you forgot to check the “Schedule a Minor or Ward” box during parent/ guardian registration
- f. Click Register a Minor/Ward from the toolbar



- g. **Parent/Guardian most complete the Minor/Ward Registration**
- h. Enter the First Name, Last Name, Gender and Date of Birth of the minor/ward

Minor/Ward Registration

First Name
teen1

Last Name
Ztest125

Legal Guardian Email
testingsalesforceuat+125@gmail.com

Gender
Female
 Decline to answer

Date of Birth
Mar 8, 2005

e. Home Address is populated from parent/guardian's registrations

Home Address

United States ▼

123 OCEAN
APT F222

MIAMI Florida ▼

33444

f. Demographics: Enter the Race, and Ethnicity of the minor/ward

Demographics

Race

White ▼

Decline to answer

Ethnicity

Non-Hispanic ▼

Decline to answer

g. Communication Preferences are populated from parent/guardian's registration

Communication Preferences

Legal Guardian Mobile

5555555555

Opt in to SMS(Text) notifications

Opt in to email notifications

Language Preference for Calls

English ▼

*Legal Guardian Phone

5555555555

Instructions

- h. Insurance Information: you can “**Decline to Answer**” or select from the drop-down options
(*Insurance is not required to receive the COVID-19 Vaccine and you will not be billed for this service.*)

Insurance Information

Decline to answer

Primary Billing Insurance
Select One

Primary Insurance Search
Enter a minimum of 2 letters here
Select One

My Insurance Carrier is not listed

Policy ID No.

Group No.

Insurance Guarantor

- i. Acknowledge the Consent
- j. Click **Sign Up**

Acknowledgements

To register a minor/ward, you must acknowledge as follows:

* I authorize and consent for my minor or ward to receive the COVID-19 vaccine, as ordered by the authorizing provider (or my minor's/ward's physician or authorized healthcare provider). I hereby authorize and consent to the use or disclosure of my minor or ward's protected health information to comply with reporting requirements.

* I have the following relationship with my minor or ward:

Relationship Of Guardian
Mother

* I certify that I have the legal authority, pursuant to the relationship to the minor or ward indicated above and to Florida Statute, section 743.0645, to consent on behalf of and for my minor or ward, to receive the COVID-19 vaccine. Selecting "Sign Up" below acts as a legally binding signature and consent to the foregoing acknowledgements.

Sign Up