



Please provide the following to register for our patient portal as well as our new appointment notification system.

User Information:

Parent * Guardian * Patient (please circle one)

First Name: _____

Last Name: _____

Cell Phone: _____

Email: _____

Contact preference for reminders: _____

****Please let us know the order in which you would prefer to be contacted for appointment notifications (text, email, phone call)****

Childrens' Names:

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

For Office Use Only	
Date Entered:	_____
Date Opted In:	_____
Initials:	_____