

Richard L. Oken, M.D., Inc.
Myles B. Abbott, M.D., Inc.
Marcia E. Charles-Mo, M.D.
Sarah C. Handelsman, M.D.
Tracy Evans-Ramsey, M.D.

Juliana L. Damon, M.D.
Christina S. L. Vo, M.D.
Jennifer A. Miller, M.D.
Courtney W. Pickering, M.D.
Jonah A. Schey, M.D.

_____ East Bay Pediatrics Medical Group _____
2999 Regent Street, Suite 325, Berkeley, CA 94705
96 Davis Road, Suite 2, Orinda, CA 94563
(925) 438-1100 Fax: (925) 254-1054
www.eastbaypediatrics.com

Patient Portal Enrollment Form

Please clearly print the following information. You may fax, mail or bring form to our office.

For patients 17 years old and younger:

For patients 18 years old and older:

Parent/Guardian information:

Patient information must be 18 years old and older:

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Email Address: _____

Email Address: _____

Relationship to patient: _____

Date of birth: _____

(Please sign and date below)

Patient(s) Must be 17 years old and younger:

Patient Name: _____

Date of birth: _____

Patient Name: _____

Date of birth: _____

Patient Name: _____

Date of birth: _____

Patient Name: _____

Date of birth: _____

By signing this form you agree to have access to East Bay Pediatrics Medical Group (EBP) Patient Portal for the patients listed above and are solely responsible for keeping your username and password safe and secure.

Parent/Guardian Signature: _____
(For patients 17 years and younger)

Date signed: _____

Patient 18 years and older Signature: _____

Date Signed: _____

