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## Patient Portal Enrollment Form

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

### Parent/Guardian Information for patients 17 years and younger:

First Name	
Last name	
Email Address	
Relationship to patient	

### Patients 17 years and younger:

Patient Name		Date of Birth	
Patient Name		Date of Birth	
Patient Name		Date of Birth	
Patient Name		Date of Birth	

### Patients 18 years and older:

First Name	
Last Name	
Email Address	
Date of Birth	
Signature & Date	

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: \_\_\_\_\_ Date signed: \_\_\_\_\_