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**Communication Preferences.**

Would you like to register for Patient Portal? Please, circle:            Yes            No

If yes, would you like a notification by email or text message:

If email, what is your email address:

If text message, what is the preferred cell phone number:

If text message, who is your cellular service provider:

I consent to the leaving of voice message regarding medical results for the phone number listed above: **YES/ NO**

I consent to the leaving of voice message regarding appointment reminders: **YES/ NO**

\_\_\_\_\_

Child's/ Patient's name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Signature

\_\_\_\_\_

Parent/ Guardian name

\_\_\_\_\_

Date