



BAYAREA
ENDOCRINOLOGY
A S S O C I A T E S

Name:

Date of Birth:

Preferred Email:

Cell Number:

Home Number:

Pharmacy # and address:

PCP or Referring Provider and Fax Number:

Do you give us permission to send to PCP or Referring Doctor last office visit note? (Circle) Yes No

In order to streamline our appointment confirmation process we will start sending appointment reminders by email, text, and/or voice. Do you give us permission? (Circle) Yes No

You may receive by email invitation to our EMR patient portal.