



**Confirmation Preference 18 & Over**

Watchung Pediatrics now has the ability to confirm your appointment via email, text, or phone call.

Please select **ONE** of the following options:

**Email:** \_\_\_\_\_

**Text Phone #:** \_\_\_\_\_

\*\*\*To receive appointment confirmations via text, you must text:

**WATCHUNG** (all caps) to **622622**.

**Phone Call:** \_\_\_\_\_

*Circle One:*    **Home**            **Cell**            **Work**

**Patient Name:** \_\_\_\_\_

**Patient Date of Birth:** \_\_\_\_\_

**Patient Portal**

We now have the ability for you to access some of your health information and vaccine record online.

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Please sign:** \_\_\_\_\_

Please enroll me to receive the practice newsletter and office updates. I will receive an email confirming my enrollment. I understand I can opt out at any time.