CARDSTON CLINIC helping good health happen <i>Improved Accessibility!</i>	<ul> <li>Pomelo Health Patient Portal</li> <li>Features include:</li> <li>Online Appointment Booking</li> <li>Secure messaging with your Dr. and/or Staff</li> <li>Clinic Notifications concerning your health</li> <li>Appointment Reminders</li> </ul>			
Patient Name:		Birth Date:	Dr:	
Email Address (Required for registrat	ion):			
Cell phone #	(Option for	receiving appoin	tment notification	าร)
Immediate family members to be conn (Having family connected to your account allows you to	-		f)	(16 years & older must sign to give consent)
Name	DOB	Health Care #	Relationship	Permission Signature

Signature

Date