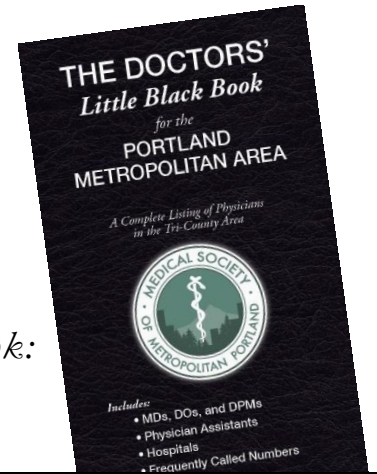




MEDICAL SOCIETY OF METROPOLITAN PORTLAND



2020 UPDATE FORM

For verification of information listed in The Doctors' Little Black Book:

PROFESSIONAL INFORMATION:

ITEM	CURRENT INFORMATION
NAME, CREDENTIALS	
OFFICE NAME	
OFFICE STREET ADDRESS	
CITY, STATE, ZIP	
OFFICE PHONE*	
PRIMARY SPECIALTY	BOARD CERTIFIED? <input type="checkbox"/> Yes
SUBSPECIALTY	BOARD CERTIFIED? <input type="checkbox"/> Yes
E-MAIL**	

*Office phone is required for inclusion in MSMP's Little Black Book.

**Email will not be included in the printed version.

**INFORMATION BELOW IS TO ENSURE OUR RECORDS ARE ACCURATE.
WE WILL NOT PUBLISH OR SHARE THIS INFORMATION.**

ITEM	CURRENT INFORMATION
HOME STREET ADDRESS	
HOME CITY, STATE, ZIP	
HOME PHONE	
CELL	
SEND CORRESPONDENCE:	<input type="checkbox"/> OFFICE <input type="checkbox"/> HOME <input type="checkbox"/> E-MAIL:
SEND INVOICES:	<input type="checkbox"/> OFFICE <input type="checkbox"/> HOME <input type="checkbox"/> E-MAIL:
SEND SCRIBE:	<input type="checkbox"/> E-MAIL:

RETURN COMPLETED FORM ON OR BEFORE MARCH 6, 2020

E-MAIL: JANINE@MSMP.ORG
MAIL: PO BOX 19388, PORTLAND, OR 97280
FAX: (503) 222-3164

NO UPDATES