ALLERGY ASTHMA SPECIALISTS
"Live Allergy Free"

PRAGNESH H PATEL, M.D.* JOSE R. ARIAS, JR., M.D.
ANDREW S. BAGG, M.D.* ANDREW J. COOKE, M.D.
SONYA R. SAINI, PA-C ILANA L. STONE, ARNP-C
Board Certified Allergy and Immunology*

"Treating Children & Adults since 1983"

PERMISSION TO INVOLVE OTHERS IN PATIENT CARE

I _____am giving Allergy Asthma Specialist, PA my permission to involve the below listed people in my **complete medical care**. The person/people I am listing will share in my medical care. **Allergy Asthma Specialist, PA can/will discuss (but not limited to) testing, treatment, results of my medical care, history, including referred to Physicians/Facilities.** This permission includes financial issues involving my care (insurance, co-pays, deductibles, personal balance, and bank charges).

Persons Name: ______Relationship:_____

Phone Number: _____ Circle one: **cell home work**

Persons Name: _____ Relationship: _____

Phone Number: _____ Circle one: **cell home work**

Persons Name: ______ Relationship: _____

Phone Number: _____ Circle one: **cell home work**

Patient Signature: _____Date:_____

Print Patient Name: _____ Acct: _____

Witness Signature: _____Date:_____

Print Witness Name: _____ Date: _____