

ALLERGY & ASTHMA CARE

OF SAINT LOUIS

Michele E. Kemp, M.D.

Stephanie S. Park, M.D.

Douglas R. Berson, M.D.

Diplomates of the American Board of Allergy and Immunology

1585 Woodlake Drive, Suite 201, Chesterfield, MO 63017 • Phone: 314-878-2788 • Fax: 314-878-8988
8888 Ladue Road, Suite 105, St. Louis, MO 63124 • Phone: 314-725-8844 • Fax: 314-725-8846

HEALTH INFORMANTION COMMUNICATIONS

Patient Name: _____ Date of Birth: _____

I give consent for Allergy & Asthma Care of St. Louis to share personal health information with the following people and to receive information from this person on my behalf. This is for the purpose of expediting treatment, lab/test results or insurance issues.

NAME	RELATIONSHIP TO PATIENT	BEST CONTACT NUMBER
1.		
2.		
3.		
4.		
5.		

Preferred Electronic Communications

☐ E-mail: _____

☐ Text Message: _____

May we leave a detailed message on voicemail?

Home: ☐ Yes ☐ No Number: _____

Mobile: ☐ Yes ☐ No Number: _____

Signature

Date

Relationship to Patient