

# ALLERGY AND ASTHMA ASSOCIATES

PEDIATRIC & ADULT ALLERGY, CLINICAL IMMUNOLOGY

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## Consent to Leave a Medical Phone/E-Mail Message

Patient Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Computer # \_\_\_\_\_

We will call you with your Lab, X-Ray or CT scan results, usually within one week from the date you had your test. If you have not heard from us within 10 days, please call our office.

To protect your privacy please check who we can talk to regarding your results:

Patient only  
 Spouse (Please print spouse name) \_\_\_\_\_  
 Parent or guardian (Please print parent or guardian name) \_\_\_\_\_

May we leave normal results on your answering machine or voice mail: YES NO  
(circle one)

Does this authorization include discussion of your office visits and medical history: YES NO  
(circle one)

Please list your contact numbers where you may be reached for your results.

Home phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Cell phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Work phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ -- Ext: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of  Patient  Parent or  Guardian

500 Skokie Blvd., Suite 140  
Northbrook, Illinois 60062-2811  
Phone: (847) 272-4296  
Fax: (847) 272-4177  
24 Hour Answering Service

150 W. Half Day Road, Suite 200  
Buffalo Grove, Illinois 60089  
Phone: (847) 793-0777  
Fax: (847) 793-0999  
24 Hour Answering Service

475 Brown Blvd., Suite 104  
Bourbonnais, Illinois 60914  
Phone: (815) 933-5092  
Fax: (815) 933-5494  
24 Hour Answering Service

5911 Northwest Hwy., Suite 208  
Crystal Lake, Illinois 60014  
Phone: (815) 455-7289  
Fax: (815) 455-7747  
24 Hour Answering Service