

Dear Patient,

As you and I have previously discussed, I am a sub specialist providing you with care in connection with your allergies/asthma/sleep disorders. I am not a primary care provider and therefore I am not in a position to oversee your general health or manage acute medical needs. It is extremely important that you enlist a primary care physician, a family practice physician, an internist or a pediatrician for children, as he or she will be in the best position to oversee your overall health and medical needs. I am confining my practice to outpatient office based care rather than as an attending in the hospital. If you do not have a primary care physician, please inform my staff and they will be happy to provide you with information about primary care physicians in this area. I am also happy to help you find a good physician in the area.

In the event that you experience a significant asthma flare, an unusual allergic reaction, or any other condition for which I treat you, please make sure to follow the instructions set out in the written plan that is provided to you at every office visit. If you should need to go to the emergency room, please ensure that your primary care doctor is contacted, as I act as a consultant to your primary care doctor. Your primary care doctor and the emergency room staff will determine whether I or any other sub specialist needs to be contacted as a consult. Please acknowledge your receipt and understanding of this notice by signing below. Additionally, please provide me with the most current information about your primary care doctor at this time and remember that if you should change to another doctor, it is very important that you provide me with that information so that I may update your records.

Date: \_\_\_\_\_ Patient name \_\_\_\_\_

Patient phone number \_\_\_\_\_

Name of Primary care physician \_\_\_\_\_

Primary care physician phone number \_\_\_\_\_

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Parent or legal guardian signature