



WILLIAM SMITS, MD JAMES PARKERSON, DO
JILL HAM, NP DONNA DOERFFLER, NP RENEE HOLLEY, NP LINDA TOTH, NP
7222 ENGLE RD, FORT WAYNE, IN 46804 10415 LEO RD, FORT WAYNE, IN 46825
2280 PROVIDENT CT. #A, WARSAW, IN 46580 1316 E 7TH ST, AUBURN, IN 46706
(260) 432-5005 — FAX: (260) 432-6003
www.AllergyAsthmaCenter.com

NEW PATIENT CHECKLIST

The following is a checklist of the items we will need you to bring to your first visit with us. If you should have any questions regarding this checklist or required information, please feel free to call us prior to your visit.

_____ **LIST OF CURRENT MEDICATIONS**

_____ **ALL INSURANCE CARDS (If you have a Medicare Part D Pharmacy Card, please bring that card also.)**

_____ **PATIENT INFORMATION/ACCOUNT INFORMATION FORM**

_____ **PATIENT WORKSHEET FOR CONTACTING INSURANCE COMPANY**

Please remember:

- 1. to avoid antihistamines for 72 hours prior to your appointment.**
- 2. to plan for payment of any co-pay, co-insurance, or deductible at your appointment.**
- 3. that if the patient is a minor, they must be accompanied to the appointment by a parent or legal guardian (with papers).**

Thank you for completing the required information. We make every attempt to make your first visit with us as pleasurable as possible, and would appreciate any feedback you would like to provide.

The Allergy and Asthma Center, PC