



Barry J. Asman, M.D.

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Important:

Arrangements have been made for you to be seen by me for an evaluation. I look forward to participating in your health care needs. Please download and complete these forms ahead of time to improve the efficiency of the time we will be spending together. (For your convenience please make note of the time and date of your scheduled appointment on _____ at _____)

The evaluation will typically consist of an initial consultation and examination, during which time allergy testing and pulmonary function testing will be initiated when necessary. You should be prepared to spend approximately 2 to 3 hours in my office for the first visit. At the initial visit we will discuss, in detail, the results of the evaluation, the testing results, your diagnosis and the treatment plan that will follow. Occasionally a second visit may be required.

Please stop taking all allergy and cold medicine containing antihistamines or decongestants prior to your appointment. These include medications such as *Actifed, Allegra, Allegra-D, Astelin, Astepro, Patanase, Atarax, Benadryl, Chlortrimeton, Dimetapp, Fexofenadine, Sudafed-Plus, Triaminic*—which all should be stopped 3-5 days prior to your scheduled appointment; *Claritin, Claritin-D, Loratadine, Alavert, Zyrtec and Zyrtec-D, Cetirizine, Clarinex and Xyzal* should be stopped for 1 week prior to your scheduled appointment. Continue taking asthma medications, such as theophylline, inhalers, and *Singulair*. Also continue any prednisone, antibiotics, heart medications and blood pressure medications that have been prescribed. Any questions about medications, please call.

Please contact your insurance company prior to your visit to confirm that Dr. Asman participates in your plan and to learn of any co-payments, deductibles or co-insurance percentages you will be responsible to pay after your insurance company processes your claim. These co-pays, deductibles and co-insurance percentages are determined by your insurance plan, not this office. Please be sure to understand even 'covered' charges may still have to be 'paid' by you, before any payment is made to Dr. Asman by your insurance company. If you have any questions regarding our billing policy please contact the office. If your insurance company requires authorizations/referrals, be sure to contact your PCP and/or insurance company prior to your appointment.

On the day of the visit, please bring:

1. These patient information forms, **completed in detail.**
2. Any past medical records that may be important (i.e. recent chest and/or sinus x-ray reports and/or any recent lab work) If it's more convenient, you may request for these to be faxed directly to the office and they will be filed in your chart to be reviewed at your appointment.
3. Insurance card(s), and any referral information, if required by your insurance company.

A parent must accompany any patient less than 18 years of age. ***We ask that small children/siblings of the patient, be left at home if at all possible during the consultation,*** so that we may concentrate our attention on the patient. I am looking forward to meeting you personally in the near future

Sincerely, Barry J. Asman, M.D.