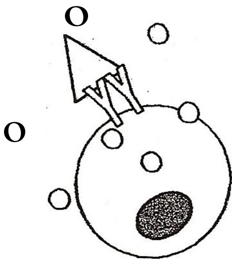


Carl J. Milks, MD
..Board Certified in Asthma, Allergy and Immunology

Patricia O'Hara, CRNP

102 North Abington Rd. - Suite 104
Clarks Summit, PA 18411
Tel. 570 585-7377
Fax 570585-7379

www.drmilks.com

17 Beech Grove Road
Honesdale, PA 18431
Tel. 570251-7789
Fax 570251-9419

Welcome to our practice!

First Appointment: Please complete the enclosed information packet prior to your visit. Referrals must be taken care of before arrival at our office. Please keep in mind that you will be charged for a missed appointment or same day cancellation, since your appointment required a large block of time.

Medications: Asthma medications should be continued as prescribed. Allergy and cold medicines containing antihistamines, (for example, Astelin, Claritin or Pediacare) as well as some antidepressants should be discontinued one week before your visit. (See list enclosed). Continue all nose sprays, except Astelin. Please refrain from wearing perfume to our office as many of our patients are allergic to it. If you have any questions please ask our office.

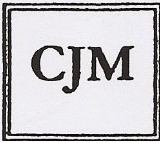
Our Goal: We strive to not just make our patients feel better, but to keep them healthier. History, examination, testing, education, and desensitization are some of the means used to obtain optimum health, with the least amount of medication. We will be happy to answer any questions you have, or help you with information that will make your visit more comfortable.

Directions to Honesdale Office:
From Honesdale take Route 6 West, past the Wayne Memorial Hospital, about one mile. Turn right onto Beech Grove Road and take an immediate left into the parking lot.

Directions to Clarks. Summit Office:
From Interstate 81 North of Scranton take the Clarks Summit Exit 194. As you approach the end of exist stay to your right. Continue right onto South Abington Road. Go to the next light, turn right into the parking lot of Clarks Green Office Center.

We look forward to serving you.

r -



Asthma, Allergy and Clinical Immunology
Carl J Milks MD

Date of VlSit _

Patient Information

PLEASE PRINT

Patient's Name | Date of Birth | Age

Street Address | Home Phone

City | State | Zip Code

Marital Status: OSingle OMmried | Sex:: OMale OFema\e | Social Seeurity #:

Name of Person to Contact in an Emergency

Relationship:

Street Address | Phone

City | State | Zip Code

REFERRING PHYSICIAN | PHONE

ADDRESS | STATE/ZIP

Guarantor Information

Name | Date of Birth

Street Address | Home Phone

City | State | Zip Code

Relationship | Social Seetnity Number

Employment Information

Company Name | Occupation

Employer Address | Work Phone

City | State | Zip Code

Spouse's Name | Date of Birth

Occupation | Social Security #

Company Name | Work Phone

Insurance Information

Primary Insurance		Secondary Insurance	
Insurance Company		Insurance Company	
Subscriber		Subscriber	
IDNumber		ID Number	
Group Number		Group Number	
Relationship to Patient		Relationship to Patient	
Copay S		Copay S	
Referral Required	DYes DNo	Referral Required	Dyes DNo

Patient/Guarantor Agreement

1. On my own behalf and on behalf of any spouse and minor children, including stepchildren, I hereby authorize treatment by Carl J. Milks, M.D.

2. I accept responsibility and guarantee payment for all services rendered to me and my family and upon default on any payment due Carl J. Milks, M.D., agree to pay all costs of collections including collection agency and/or attorney fees. Also a $20.00 returned check fee should a check be returned for any reason.

3. MEDICARE PATIENTS: "I request that payment of authorized Medicare benefits be made either to me, or on my behalf to: Cart J. Milks, M.D. for any services furnished m~ by physician or supplier. I authorize any holder of medical information about me to release to the Health Care Financing Administration and it's agents any information needed to determine these benefits and payment for related services". I hereby authorize the release of any and all medical and/or charge information as is necessary for Third-party reimbursement from Medicare, Blue Shield and/or any other agency involved in the payment of my treatment.

4. I also direct and assign payment from said third parties to Carl J. Milks, M.D. I understand that my insurance policy is a contract between me and my insurance company and that I am responsible to Carl J. Milks, M.D. for any charges not covered by my insurance. If payment from any insurance 15 not received within 90 days, my account will become due and payable by me. Any balance remaining on the account after insurance pays will be due upon receipt of my statement. Charges not payable by my insurance carrier are due immediately from me.

5. The possibility exists(during treatment) for healthcare workers to become directly exposed to my blood or body fluids. In the event of such direct exposure, State laws require a sample of myblO()d to be tested for the presence of infectious diseases. The results of these tests will be released to me and my family and tothe healthcare workers who suffered the exposure.

6. The assignment/obligations and authorizations set forth in this statement and the insurance assignment shall be binding upon me both for the present treatment and that which may be rendered to me and my family in the future by Carl J. Milks, M.D.

7. I authorize a copy of my Carl J. Milks, M.D. medical record to be forwarded to my Primary Care Physician as well as any and all attending or consulting practitioners.

Thank You for allowing Carl J. Milks, M.D. to participate in your healthcare needs.

Signature ofPatientlResponsible Party ~ _

Relationship to Patient Date _

VVitness Date _______________

Allergy Skin Testing

STOP for seven days before testing.

Antihistamines
Allavert
Allegra (fexofenadine)
Astelin Nasal
Atarax (hydroxyzine)
Senadryl (diphenhydramine)
Srompheniramine
Chlor-trimeton (chlorophenerimine)
Clarinex
Claritin (loratadine)
Dimetane
Dimetapp
Dristan
Extendryl
Periactin (cyproheptadine)
Phenergan (promethazine)
Rondec
Rynatan
Tavist (clemastine)
Triaminic
Zyrtec (ceterizine)

H2 Blockers
Pepcid
Tagamet (cimetadine)
Zantac (ranitidine)

Antianxiety & Antidepressants
Adapin
Elavil (amitryptiline)
Sinequan (doxepin)
Vistaril
Xanax

Eye Drops for two days
Livastin
Optivar
Patanol

DO NOT STOP

Asthma medications-All inhalers, Siobid, Theodur, Uniphyl, Singulair

Nasal sprays-except Astelin which is an antihistarr:ifl~

Steroids-like Medrol, Pediapred, Orapred, Prelone, Prednisone

Reflux medications-Prilosec(omeprazole), Nexium, Prevacid (lansoprazole)

Please call if you have any questions.
Clarks Summit 570 585-7377
Honesdale 570 251-7789