



**Allergy, Asthma Immunology Care**

**5412 Curry Ford Road  
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Kissimmee, FL 34741**

**(407) 658-7882 Office  
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**Communication Consent**

I, \_\_\_\_\_ (patient name), hereby authorize Allergy, Asthma, Immunology Care (AAIC) physicians and staff to:

- Leave detailed messages regarding lab results or other clinical information as necessary related to the patient's care.
- Contact by telephone at any number associated with the account, including wireless telephone numbers.
- Contact through text messages
- Allow to contact via emails, using any email address I provided.
- Consent to retrieve medical history from external source and release of medical information to insurances and providers.

\_\_\_\_\_  
Print Name of Patient or Parent/Guardian

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
(Patient's Or Parent/Guardian's Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Witness Signature

Triple Board Recertified Physician  
Recertified Diplomate of the American Board of Allergy and Immunology  
A Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics  
Recertified Diplomate of the American Board of Pediatrics  
Recertified Diplomate Pediatric Rheumatology – Subboard American Board of Pediatrics  
Diplomate and Senior Disability Analyst of the American Board of Disability Analysts  
General Acupuncture