Dear Patient and Parent(s),
We are collecting additional information to allow us to better communicate with you regarding future appointments, updates with our division and in the Asthma field. Please complete the information below. Thank you.

Douglas Li, MD, Sande Okelo, MD, Marlyn Woo, MD
Division of Pediatric Pulmonology, Mattel Children’s Hospital

PLEASE PROVIDE US WITH YOUR CURRENT INFORMATION

What is your phone number? □ N/A
Phone Number: (______-______) ______ -
May we leave messages on your voicemail? □ Yes □ No

If you have a cell phone, may we contact you by cell phone, please write it below. □ N/A
Cell Number: (______-______) ______ -
May we leave messages on your voicemail? □ Yes □ No

Would you like to be contacted by text? □ Yes □ No
What is your cell carrier? □ ATT&T □ Verizon □ Sprint □ T-Mobile □ Other: ___________
Reminder: Charges may apply based on your cell phone plan.

Would you like to be contacted by email? □ Yes □ No
Email Address: ________________________________________________________________

If we have difficulty contacting you, can you please provide the name and phone number of one person who can reach you?

First Name: ____________________________
Last Name: ____________________________
Phone Number: (______-______) ______ -
Relationship: □ Mother □ Father □ Friend □ Neighbor □ Family Member