

HEMATOLOGY & ONCOLOGY ASSOCIATES OF NORTHEASTERN PA. PC

1100 MEADE STREET
DUNMORE, PA 18512

Tel (570) 342-3675
Fax (570) 342-3316

WILLIAM J. HEIM, M.D.
LISA C. THOMAS, M.D.
CARL BARSIGIAN, M.D.
KRISTIN M. LIPTOCK, D.O.

KISHORI VEERABHADRAPPA, M.D.
PADMAJA BOJANAPALLY, M.D.
AMBER L. SOBUTO, D.O.

In addition, I authorize use and disclosure of my health information to the following:

Contact 1: EMERGENCY CONTACT

Name: _____
Address: _____
Relationship: _____
Phone: _____
Additional Phone Numbers: _____
Cell Phone Number: _____

Contact 2

Name: _____
Address: _____
Relationship: _____
Phone: _____
Additional Phone Numbers: _____
Cell Phone Number: _____

Contact 3

Name: _____
Address: _____
Relationship: _____
Phone: _____
Additional Phone Numbers: _____
Cell Phone Number: _____

Signature of Patient

Medical Record Number

Date

*If you have additional contacts, please ask the receptionist for another form