



Future Care Preferences

Patient Name (Please Print): _____

Birthdate: _____

We respect your choice about your future health care. Please make one of the following selections:

*****CHOOSE ONE TYPE OF MEDICAL ISSUE*****

I am actively treated for sleep problems. I understand that Drs. Nathanson and Pollock will only be treating sleep problems in their new practice. Please contact me to schedule a future appointment.

I am actively treated for sleep problems. I plan to choose a different provider.

I am actively treated for pulmonary and sleep problems. Please contact me to schedule a future appointment regarding my sleep problem. I understand that Drs Nathanson and Pollock will only be treating sleep problems in their new practice. I have indicated below my preference on handling my lung problem(s).

I am actively treated for pulmonary problems. I understand that Drs Nathanson and Pollock will only be treating sleep problems in their new practice. I have indicated below my preference on handling my lung problem(s).

*****CHOOSE ONE TYPE OF PREFERRED FUTURE CARE OF PULMONARY PATIENTS*****

I will be contacting my primary care physician for a referral

Please recommend another lung specialist at Emory Health Care and refer me to them.

Send a copy of this form via email to INFO@PSSATL.COM or fill out the form online at our website PSSATL.COM or send a copy via mail (before 8/19/24) to 2665 North Decatur Road, STE 230, Decatur, Georgia 30033. Record requests after this date must be sent via email or to our new mailing address:

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