Karle Medical Group, P.C.

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Patient Specialist List

In order to provide you with the best possible care that we are able, we ask that you provide Karle Medical Group with a complete a list of your other doctors as available. If you can provide phone numbers for the doctor's office we would be appreciative.

Patient Name: _____ Date of Birth: _____

Doctor Specialty	Doctor Name	Contact Information
Allergist		
Cardiologist		
Colorectal Surgeon		
Dermatologist		
Endocrinologist		
Geriatric Specialist		
Gynecologist		
Hematologist/Oncologist		
Nephrologist		
Neurologist		
Obstetrician		
Ophthalmologist		
Orthopedic Surgeon		
Pain Management		
Plastic Surgeon		
Psychiatrist		
Pulmonologist		
Rheumatologist		
Urologist		
Other:		