PATIENT CONSENT TO BE CONTACTED

l,	(name)	_, hereby state that I am un	der the care of my physician, that my physician has
prescribed [Rx] for me for the treatment of asthma.			
I give pern	nission to Makovsky p	oublic relations agency, wor	king with GlaxoSmithKline, to contact me to discuss
my experie	ences. If, after this dis	cussion, both Makovsky an	d I are in agreement, I will be asked to give a separate
written per	rmission for Makovsky	and GSK to arrange either	print, TV, and/or radio interviews for me with news
reporters for the purpose of discussing [insert as appropriate, one or both of the following: Rx and/or asthma]. I			
understand that these interviews will then be made public, along with my name.			
Signed:		Date:	