

Patient Demographics

Date: _____

Patient Name: _____ Date of Birth: _____

Parent/Legal Guardian: _____

Contact Phone Number: _____ Alternate Phone Number: _____

Patient Insurance: _____

Reason for Referral or Consult: _____

AllerVie Health Location & Provider
Maxcie Sikora, MD
 Destin 850.654.9295

Additional Providers in the AllerVie Health Network
Larry Castillo, MD
 Cape Coral 239.542.7881

 Fort Myers 239.482.7881

Thomas G. Westbrook, MD
 Pensacola 850.473.1122

Thomas L. Johnson II, MD
G. Edward Stewart II, MD
 Ocala 352.622.2391

 The Villages 352.622.2391

Randall F. Humphreys, MD
 Panama City 850.785.2301

Edward McLaughlin, MD
Juan Mas, MD
Bernard Zeffren, MD
 Ormond Beach 386.676.7448

 Palm Coast 386.446.2909

 St. Augustine 904.826.3295

Rajivi Rucker, MD
Christopher Tumpkin, MD
 Bradenton 941.254.7640

 Sarasota 941.957.0079

 Venice 941.485.6408

Boris Balson, MD
Gabriel Gonzalez, MD
 Loxahatchee 561.791.7489

*View a complete list of providers and locations in the AllerVie Health network:
allervie.com/all-locations*

Referral Information

Referring Provider: _____ Referring Provider NPI: _____

Sent by (Person sending this form): _____

Referring Phone Number: _____ Referring Fax Number: _____

Please include patient labs and past clinic notes as appropriate with this referral.

We accept most major insurance policies. If the patient's insurance requires a referral from their primary care provider to see a specialist, please include the referral with this form.