



# Allergy & Asthma Care Fax Referral Form

allervie.com/cincinnati-allergist

## 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 Network Locations in Ohio

- Anderson, OH  
P 513.624.6600 | F 513.624.6722
- Clifton, OH  
P 513.861.2323 | F 513.861.0311
- Kenwood, OH  
P 513.791.1143 | F 513.791.0042

- Springdale, OH  
P 513.671.6707 | F 513.671.6710
- West Chester, OH  
P 513.777.7097 | F 513.777.0841

## 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.*

Looking for a clinical trial? If you would like to refer a patient to AllerVie Clinical Research, please visit us at [allervieresearch.com](http://allervieresearch.com)

