

**Patient Demographics**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Patient Insurance: \_\_\_\_\_

Reason for Referral or Consult: \_\_\_\_\_

**INSTRUCTIONS:** Please indicate either a specific provider or a location preference. Please note that not all AllerVie providers see patients at all locations.

**AllerVie Health Provider Request**

- |                                            |                                              |
|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> John Anderson, MD | <input type="checkbox"/> Reena Patel, DO     |
| <input type="checkbox"/> Mark Kalenian, MD | <input type="checkbox"/> Michael Polcari, MD |
| <input type="checkbox"/> Shashi Kumar, MD  | <input type="checkbox"/> Weily Soong, MD     |

**AllerVie Health Location Request**

- |                                   |                   |                                     |                   |
|-----------------------------------|-------------------|-------------------------------------|-------------------|
| <input type="checkbox"/> Cullman  | Fax: 256.697.0277 | <input type="checkbox"/> Dothan     | Fax: 334.671.1905 |
| <input type="checkbox"/> Homewood | Fax: 205.870.1621 | <input type="checkbox"/> Enterprise | Fax: 334.671.1905 |
| <input type="checkbox"/> Hoover   | Fax: 205.974.1024 | <input type="checkbox"/> Huntsville | Fax: 256.536.1504 |
| <input type="checkbox"/> Oxford   | Fax: 256.934.2213 |                                     |                   |

**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.*