

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
☐ Ocala 352.622.2391

☐ The Villages – LaGrande 352.259.6375

☐ The Villages – Brownwood 352.259.0413

Randall F. Humphreys, MD
☐ Panama City 850.785.2301

Juan Mas, MD
Bernard Zeffren, MD
☐ Ormond Beach 386.676.7448

☐ Palm Coast 386.446.2909

☐ St. Augustine 904.826.3295

Rajivi Rucker, MD
☐ Bradenton 941.254.7640

Christopher Tumpkin, MD
☐ 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/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.
Looking for a clinical trial? If you would like to refer a patient to AllerVie Clinical Research, please visit us at allervieresearch.com