

**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 352.622.2391

**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**
**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](http://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.*