

**Patient Demographics**

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

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

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

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

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

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

**Board-Certified Allergists in the AllerVie Health Network**
**Larry Castillo, MD**
**Thomas J. Shen, MD**

- Cape Coral 239.542.7881
- Fort Myers 239.482.7881

**Thomas G. Westbrook, MD**
**Brian Reed, 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

**Maxcie Sikora, MD**

- Destin 850.654.9295
- Santa Rosa Beach 850.654.9295

**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
- Sarasota 941.957.0079
- Venice 941.485.6408

**Gabriel Gonzalez, MD**
**Sharlene Llanes, MD**

- Loxahatchee 561.791.7489

**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.*