

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

- | | |
|-------------------------------------|--------------|
| <input type="checkbox"/> Cape Coral | 239.542.7881 |
| <input type="checkbox"/> Fort Myers | 239.482.7881 |

Thomas G. Westbrook, MD
Brian Reed, MD

- | | |
|------------------------------------|--------------|
| <input type="checkbox"/> Pensacola | 850.473.1122 |
|------------------------------------|--------------|

Thomas L. Johnson II, MD

- | | |
|---|--------------|
| <input type="checkbox"/> Ocala | 352.622.2391 |
| <input type="checkbox"/> The Villages - LaGrande | 352.259.6375 |
| <input type="checkbox"/> The Villages - Brownwood | 352.259.0413 |

Randall F. Humphreys, MD

- | | |
|--------------------------------------|--------------|
| <input type="checkbox"/> Panama City | 850.785.2301 |
|--------------------------------------|--------------|

Maxcie Sikora, MD

- | | |
|---------------------------------|--------------|
| <input type="checkbox"/> Destin | 850.654.9295 |
|---------------------------------|--------------|

Juan Mas, MD
Bernard Zeffren, MD

- | | |
|--|--------------|
| <input type="checkbox"/> Ormond Beach | 386.676.7448 |
| <input type="checkbox"/> Palm Coast | 386.446.2909 |
| <input type="checkbox"/> St. Augustine | 904.826.3295 |

Rajivi Rucker, MD

- | | |
|------------------------------------|--------------|
| <input type="checkbox"/> Bradenton | 941.254.7640 |
| <input type="checkbox"/> Sarasota | 941.957.0079 |
| <input type="checkbox"/> Venice | 941.485.6408 |

Gabriel Gonzalez, MD
Sharlene Llanes, MD

- | | |
|--------------------------------------|--------------|
| <input type="checkbox"/> 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.