



- Please send pertinent medical records, including lab and imaging results.
- Send a copy of the patient's insurance card. • Send authorization/referral if required

Date: _____

REFERRING PHYSICIAN INFORMATION:

Referring Physician: _____ Office contact: _____

Phone: (____) _____ Fax: (____) _____

If not PCP, PCP Name: _____

PATIENT INFORMATION:

Patient Name: (Last): _____ (First): _____ (MI): _____

Date of birth: _____ SSN: _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

If patient is a minor: Parent or Guardian Name: _____

Insurance Carrier _____ ID# _____

Subscriber Name: _____ Subscriber date of birth _____

Secondary Insurance (if applicable): _____ ID# _____

Subscriber Name: _____ Subscriber date of birth _____

CONSULTATION REQUEST:

Diagnosis/ICD 10 _____

- Allergic Rhinitis Non-allergic Rhinitis Allergic Conjunctivitis Sinusitis Nasal Polyps
- Headache Asthma COPD Chronic Cough
- Hypersensitivity Pneumonitis Food Allergy Drug Allergy Insect Allergy
- Metal Allergy Anaphylaxis Allergic Rash Dermatitis Urticaria/Hives
- Angioedema Pruritus/Itch Eosinophilia Eosinophilic Esophagitis
- GERD Immune Deficiency Oral Food Challenge Drug/Vaccine Allergy Testing
- Aspirin Desensitization
- Drug/Food Desensitization _____
- Monoclonal Antibodies for Covid-19

- Fresno Street • Belmont/Clovis Ave • Herndon/Milburn • Herndon/Fowler • Shaw/Willow
- Fax (559) 261-1526 Fax (559) 981-5647 Fax (559) 274-1487 Fax (559) 325-1016 Fax (559) 207-3652
- Reedley • Selma • Hanford • Visalia • Madera
- Fax (559) 637-2173 Fax (559) 819-8143 Fax (559) 584-9133 Fax (559) 713-1602 Fax (559) 673-6058
- Los Banos • Merced • Turlock • Modesto
- Fax (209) 710-8763 Fax (209) 354-4681 Fax (209) 656-1626 Fax (209) 409-8479