



PATIENT REFERRAL FORM

Dr. Amber Patterson, MD
Fax 888-375-3294 or
Email team@auniallergy.com

Date:

Referred by:

Patient name/DOB:

Patient preferred phone number:

Preferred location: Findlay, Bowling Green, or First Available

Preferred clinician: First available, Dr. Patterson MD, Carol Ebersole CNP, Meghan Simpson CNP

Reason for referral (circle one or write in)

Evaluation for and/or management of:

Environmental allergy

Food allergy

Venom allergy

Drug allergy

Atopic dermatitis

Hives

Rash

Contact allergy

Asthma

Recurrent infection

Immunotherapy (SCIT, ILIT, SLIT, OIT)

Nasal polyps

Biologic management

Other

What is the referring doctor's specific question for the Allergist/Immunologist?

Please attach a **demographic sheet with patient contact and insurance information** to assist our office in scheduling the appointment. We appreciate your referral and look forward to collaborating on the care of your patient. **Thank you!!**