AllerVie HEALTH

Alabama Fax Referral Form

allervie.com

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 Network Locations in Alabama

- ☐ **Cullman**
  P 256.841.0251 | **F** 256.697.0277
- ☐ **Homewood**
  P 205.871.9661 | **F** 205.870.1621
- ☐ **Hoover**
  P 205.209.4115 | **F** 205.974.1024
- ☐ **Oxford**
  P 256.273.4963 | **F** 256.934.2213
- ☐ **Dothan**
  P 334.794.2718 | **F** 334.671.1905
- ☐ **Enterprise**
  P 334.794.2718 | **F** 334.671.1905
- ☐ **Huntsville**
  P 256.539.6536 | **F** 256.536.1504

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.

Looking for a clinical trial? If you would like to refer a patient to AllerVie Clinical Research, please visit us at **allervieresearch.com**

AllerVie CLINICAL RESEARCH