AllerVie HEALTH

Florida 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 Florida

- ☐ Bradenton
  P 941.251.3584 | **F** 941.254.7640
- ☐ Cape Coral
  P 239.549.1398 | **F** 239.542.7881
- ☐ Destin
  P 850.654.4641 | **F** 850.654.9295
- ☐ Fort Myers
  P 239.489.1398 | **F** 239.482.7881
- ☐ Loxahatchee
  P 561.790.2258 | **F** 561.791.7489
- ☐ Ocala
  P 352.622.1126 | **F** 352.622.2391
- ☐ Daytona Beach
  P 386.673.1323 | **F** 386.676.7448
- ☐ Panama City
  P 850.785.2717 | **F** 850.785.2301
- ☐ Palm Coast
  P 386.446.3006 | **F** 386.446.2909
- ☐ Pensacola
  P 850.473.1121 | **F** 850.473.1122
- ☐ Sarasota
  P 941.366.9711 | **F** 941.957.0079
- ☐ St. Augustine
  P 904.826.3343 | **F** 904.826.3295
- ☐ The Villages – LaGrande
  P 352.750.1999 | **F** 352.259.6375
- ☐ The Villages – Brownwood
  P 352.259.0151 | **F** 352.259.0413
- ☐ Venice
  P 941.486.0413 | **F** 941.485.6408

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