CULLMAN REGIONAL | Medical Group

**Joseph P. Forester, DO, FACAAI**
1948 Alabama Hwy 157
Professional Office Building 1, Suite 450
Cullman, AL 35058
(256) 735-5125 **FAX: (256) 962-5446**

# ALLERGY, ASTHMA & IMMUNOLOGY REFERRAL FORM

Patient Name: _____ DOB: _____

Phone #: _____ Cell #: _____

Address: _____

_____

Height: _____ Weight: _____

Insurance Carrier: _____ Policy #: _____

***Referral authorization # if required*** _____

***No workup required to refer a patient but please indicate which tests have already been completed.***

****Please include most recent office note, labs, imaging.***

## DIAGNOSIS / INDICATIONS

- ☐ Allergic Rhinitis/Hay Fever
- ☐ Anaphylaxis
- ☐ Animal/Pet Allergy
- ☐ Asthma
- ☐ Chronic Sinusitis
- ☐ Cough
- ☐ Eczema
- ☐ Eosinophilic Esophagitis
- ☐ Food Allergy
- ☐ Insect Allergy
- ☐ Nasal Polyps
- ☐ Penicillin Allergy
- ☐ Urticaria
- ☐ Other: _____

## ORDERING PROVIDER

Provider: _____

Phone #: _____ Fax #: _____

**Provider Signature:** _____

Appointment Date/Time: _____ Patient notified on: _____

*Physician offices will be notified when appointments are scheduled and notification is confirmed for all diagnostic procedures*