

Allergy/Asthma Specialists W. MI
 Vincent Dubravec, MD, FACAAI
Board Certified in Pediatric & Adult Allergy-Immunology
 5055 Plainfield NE, Suite C UMH Med Specialty Clinic
 Grand Rapids, MI 49525 Greenville, MI 48838
 tel: (616)-988-8515 • toll free: 888-809-5750 • fax: (616)-988-8512
 www.myallergyasthma.com

REFERRAL CONVENIENCE SHEET

For Internal Use ONLY:

APPOINTMENT:

DATE: _____

TIME: _____

Forms _____

E-Thomas _____

Office Contacted _____

Grand Rapids Office

or

Greenville Office

Referring Physician/Provider _____

Phone: (____) _____

Fax _____

PATIENT NAME: _____
 First M.I. Last

Date of Birth _____ Sex: M F Married ____ Single ____ Child ____

What is the Pt coming in for? Asthma/cough Wheezing Nasal Allergies Urticaria (Hives)

Food Allergies Skin Rash Insect Sting Other _____

♦ Is patient currently taking any antihistamines? **Yes** _____ **No** _____

If YES, please advise them to stop antihistamines 1 week prior to appointment

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime telephone number: () _____

PARENT'S NAME- (if a minor): _____

PRIMARY INSURANCE

Name of Insurance Company: _____ Phone# of Ins. _____

Policy Holder's Name: _____ Date of Birth _____

Contract # or ID _____ Group# _____ SSN# _____

Secondary Insurance

Name of Insurance Company: _____ phone# _____

Policy Holder's Name: _____

Contract # or ID _____ Group# _____

Co-Pay _____ **Deductible** _____ **Ded. been met** _____ \$ _____ **Remains**

*****PLEASE FAX ANY PERTINENT RECORDS BEFORE PATIENT'S
 APPOINTMENT TO 616-988-8512*****