Carolina Asthma & Allergy Center

Appointment Referral Fax Form

Phone: (704) 998-0965 for Scheduling/Referral

Fax: (704) 644-1827

Please complete ALL information listed below to help us process this referral and expedite treatment to your patient.

Name of Referring Practice: ______________________________ Physician: ____________________

Contact Person: ____________________ Phone: ____________________ Fax#: ____________________

Patient Information

Patient's Name: ____ DOB: __________ Gender: __________

Address: ____________________ City: ____________________ State ________ Zip Code __________

Home Phone: ____________________ Cell Phone: ____________________

Email Address: (Most beneficial to contact patient) ____________________

Parents/Guardian's Name: ____________________ **Parents' DOB** ____________ Relationship: __________

❑ Interpreter Needed Type: ❑ Spanish ❑ Hearing Impaired ❑ Other: ____________________

Insurance Information - *Please include front and back copies* ***of the patient's card***

Primary Insurance: ____

Subscriber's Name: ____________________ DOB: ________ Policy #: ____________ Group#: __________

Authorization/NPI#: ____________________ # of Visits: ___ Effective Dates: ____________ to __________

Secondary Insurance: ____

Subscriber's Name: ____________________ DOB: ________ Policy#: ____________ Group#: __________

Authorization/NPI#: ____________________ # of Visits: ___ Effective Dates: ____________ to __________

Symptoms: ____

Locations	Available Physicians					
Eastover	❑ Caicedo	❑ Herring	❑ Hungness	❑ Norris	❑ Roberts	❑ Seiler	❑ Silton
Ballantyne	❑ Chadha	❑ Collins	❑ Errington	❑ Patel, RR	❑ Silton		
Concord	❑ Collins	❑ Errington	❑ Herring	❑ Patel, RR			
Cornelius	❑ Gilchrist	❑ Langley	❑ Norris	❑ Johnston			
Gastonia	❑ Roberts	❑ Seiler	❑ Silton	❑ Patel, VK			
Hickory	❑ Sran						
Huntersville	❑ Herring	❑ Lemke					
Matthews	❑ Caicedo	❑ Johnston	❑ Patel, VK	❑ Durban (Dietician)			
Monroe	❑ Chadha	❑ Collins	❑ Collura	❑ Johnston			
Mooresville	❑ Gilchrist	❑ Lemke					
Rock Hill	❑ Chadha	❑ Errington	❑ Hungness	❑ Patel, RR			
SouthPark	❑ Chadha	❑ Collins	❑ Hungness	❑ Langley	❑ Patel, VK	❑Durban (Dietitian)	
University	❑ Caicedo	❑ Langley	❑ Norris	❑ Roberts	❑ Seiler		
Waverly	❑ Caicedo	❑ Collura	❑ Johnston	Patel, RR			

From the grid above, indicate below the Location and the Physician preference...

Location	Physician

Our Referrals/Physician Priority Line: 704-998-0965

We will send you an appointment confirmation sheet back after we have tried to contact your patient.

If you prefer, you may send referrals directly from your Electronic Health Record System as we are participating in the Health Information Systems Program.