



**ASTHMA & ALLERGY CENTER**  
208 MacCorkle Ave. SE, Charleston, WV 25314  
Charleston . Parkersburg . Ripley . Beckley . Logan.  
[ASTHMAWEB.COM](http://ASTHMAWEB.COM)  
304.343.4300

Patient Referral Form

Thank you in advance for trusting the care of one of your patients with us.  
To refer a patient, **JUST FILL THIS FORM** and **FAX** it to us at # **304-343-5472**.  
We will contact the patient, set up an appointment and fax the details back to you.  
Or, if you prefer, you can call us at **304-343- 4300**.  
Questions? Help? Call our Referral Coordinator **PATRICIA** at **304-343-4300 - option 9 – Ext 72**.

**Referring Provider Information:**

Name: \_\_\_\_\_ *MD / PA-C / NP / Other* \_\_\_\_\_  
Office Zip Code: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ **FAX Number:** \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Reason For Referral: \_\_\_\_\_  
Health Insurance: \_\_\_\_\_  
Please circle our office location where patient wishes to be seen:  
Charleston / Beckley / Parkersburg / Ripley / Logan

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*REPLY From Asthma & Allergy Center*

\_\_\_\_ New patient appointment made for date: \_\_\_\_\_; Time: \_\_\_\_\_ Office \_\_\_\_\_ .  
We will send you a report as soon as the evaluation is completed.

\_\_\_\_ We were unable to contact the patient despite multiple attempts at the above numbers. Therefore we have sent a letter at the above address asking the patient to call us ASAP to make an appointment. We would appreciate if you could contact the patient and ask them to contact us. Thank you in advance.

\_\_\_\_ Patient was No Show for new patient appointments on dates: \_\_\_\_\_. We will be happy to see the patient any time they decide to call and make an appointment. We thank you for the referral.

\_\_\_\_\_  
Sincerely:

Patricia  
Referral Coordinator