



ASTHMA & ALLERGY CENTER

208 MacCorkle Ave. SE, Charleston, WV 25314

Charleston . Parkersburg . Ripley . Beckley . Logan.

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 - 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

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