Allergy & Asthma
Consultants of Mid-Michigan

Ridhu C. Burton, M.D.
Ravinder R. Polasani, M.D.
James H. Saker, M.D.
Clyde R. Flory, M.D.
Diplomates of the American Board of Allergy & Clinical Immunology

PATIENT REFERRAL FORM

Please complete the following and fax to **(517) 393-4202**

PATIENT INFORMATION

Name: ______________________________ Parent Name (if under 18) ______________________

Address: ____ DOB: _____________

City, State, Zip: ____

Home Phone/Cell Phone: __________________________ Work Phone: ____________________

INSURANCE CARRIER – Please fill out all insurance information. (Please enclose copy)

Primary ________________________________ **Secondary** ____________________________

Contract: _______________________________ Contract: _____________________________

Group: _________________________________ Group: _______________________________

REFERRING PHYSICIAN INFORMATION

Referring Physician _________________________ Office Contact _________________________
Phone: _______________________________ Fax: ___________________________________
Address: ____
Reason for Referral: ____

Appointment Date: ______________________________ Time: __________________________

Thank you for your referral.

Specializing in:
Allergic Rhinitis
Anaphylaxis
Atopic Dermatitis/Eczema
Insect Sting Allergy
Immunodeficiency
Urticaria/Angioedema
Latex Allergy
Asthma
Drug Allergy
Sinusitis
Food Allergy

Services offered:
Consultation
Scratch Testing
Intradermal Testing
Patch Testing
Immunotherapy
Venom Testing
Pulmonary Testing

4169 Legacy Parkway, Lansing, MI 48911 Ph.517.394.6500 Fax.517.393.4202
LansingAllergy.com