

# DeMera Allergy Asthma & Immunology Center

7045 N. Maple Ave. Suite 108, Fresno CA 93720

206 N. Santa Fe St. Visalia, CA 93292

Phone: (559) 431-0340 Fax: (559) 431-0301

www.DeMeraAllergy.com

## PATIENT REFERRAL FORM

### Instructions:

1. Please print the most current information for the patient as requested below or attach most current face sheet. Be sure to complete all sections.
2. Fax in this form to our office: (559) 431-0301
3. Within 24 hours, we will complete the appointment section at the bottom of this form and fax it back to you.
4. Upon your receipt of our form, please notify the patient of the appointment date and time.

### Patient Information

Patient's Full Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Patient's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Marital Status:  Single  Married  Other Sex:  Male  Female

Emergency Contact: Full Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Insurance Information

#### Primary Insurance Coverage

#### Secondary Insurance Coverage

Insurance Company: \_\_\_\_\_

### Physician Information

Referring M.D. \_\_\_\_\_ NPI# \_\_\_\_\_ Fax # \_\_\_\_\_

Diagnosis Description (not code) \_\_\_\_\_

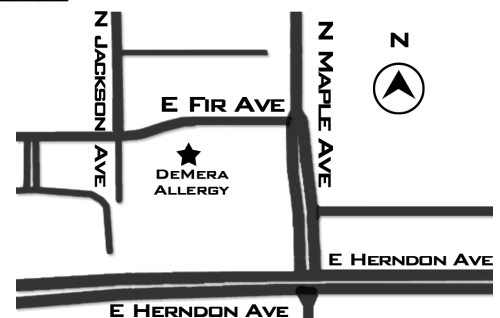
### Fresno

**Office:**  Fresno  Visalia

**Dr:**  DeMera  Sherman

### Note to Referring Physician's Office

- Please notify patient of appointment date & time as soon as possible.
- Please have patient stop any antihistamines 4 days prior to appointment.
- Please send us any relevant medical records.
- Please have patient bring any relevant films or scans.
- Please direct all correspondence to our Fresno Office address.



### Visalia

## **SECTION TO BE COMPLETED BY DEMERA ALLERGY ASTHMA & IMMUNOLOGY**

### Appointment Information

Physician \_\_\_\_\_

Appointment Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_

Scheduler \_\_\_\_\_ Date \_\_\_\_\_

