



**Family Asthma & Allergy Center**

730 Woodside Rd  
Redwood City CA 94061  
(650) 368-8800  
asthma-allergy-center.com

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 # **650-368-8809**  
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  
Questions? Help? Call our Referral Coordinator **SAHAR at 650-368-8800**

**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:

**730 Woodside Road, Redwood City CA 94061**

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*REPLY From Family 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:

Sahar  
Referral Coordinator