

FAX REFERRAL FORM

# Allergy Institute, P.C.

Phone: (515) 223-8622

Fax: (515) 223-5324

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME: \_\_\_\_\_

CONTACT NUMBER(S): \_\_\_\_\_

REASON FOR REFERRAL/CONSULT: \_\_\_\_\_

PATIENT INSURANCE: \_\_\_\_\_ ID# \_\_\_\_\_

REFERRING PROVIDER: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

REFERRING FORM COMPLETED BY: \_\_\_\_\_

**\*Please note that we do not accept the new Molina Medicaid Insurance.**

**Patients with Tricare Prime and Prime Remote, please attach authorization from and include the following:**

Sponsors name: \_\_\_\_\_ Sponsors DOB: \_\_\_\_\_ Sponsors SSN/DOD: \_\_\_\_\_

Does the patient require an interpreter?    Y            N            Language: \_\_\_\_\_

### ALLERGY, ASTHMA, IMMUNOLOGY

**Location (Circle):**

<b>Main Office</b> 2001 Westown Pkwy, STE 107 West Des Moines, IA 50265	<b>Skiff Specialty Clinic</b> 300 N. 4 <sup>th</sup> Ave E Newton, IA 50208	<b>Dallas Co. Hospital</b> 610 10 <sup>th</sup> Street Perry, IA 50220	<b>Clarke County Hosp</b> 800 S. Fillmore Osceola, IA 50213	<b>Ankeny Office</b> 3720 N Ankeny Blvd, STE 100 Ankeny, IA 50023
---	---	--	---	---

**Fadi Alkhatib, DO**

**Laura Jetter, ARNP**

**Alexandra Jansen, DNP**

### PEDIATRIC PULMONOLOGY

**Location (Circle):**

<b>Main Office</b> 2001 Westown Pkwy, STE 107 West Des Moines, IA 50265	<b>Ankeny Office</b> 3720 N Ankeny Blvd, STE 100 Ankeny, IA 50023
---	---

**Alladdin Abosaida, MD, Pediatric Pulmonary & Asthma**

### **For Allergy Institute Office Use:**

Appointment date: \_\_\_\_\_ Time: \_\_\_\_\_ Provider: \_\_\_\_\_

Location: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date Faxed: \_\_\_\_\_