



Specialty Clinics
Allergy, Sinus, Nasal, Asthma
Allergy Skin Disorders
Smell & Taste

AllergyCorp Group
Otolaryngology / Allergy

O Wilmington - Specialty Clinic
1099 Medical Center Dr. Ste 100

O Whiteville - Specialty Clinic
611 N Madison St

*****REFERRAL FORM

Thank you for choosing to refer your patient to us. To start the referral process, please fax this form to AllergyCorp Group to which you are referring your patient.

- ... Information can be found at www.allergycorpgroup.com or www.smellandtasteclinic.com (smell+taste clinic)
- ... If available, please include brief pertinent medical records, including test results that support the consultation

If you require additional assistance, please call (910) 399-2882 (Wilmington) or (910) 207-6520 (Whiteville).

Date: _____

From: _____

No. of pages: _____

Phone: _____

To AllergyCorp Group: Fax: 866-336-5949

Fax: _____

PATIENT INFORMATION

Name of patient: _____

DOB: _____

Home phone: _____

☐ Work or ☐ cell phone _____

If child, name of parent: _____

Address: _____

City: _____

Zip: _____

Insurance: Include patient's insurance card (both sides) and HMO authorization if required

CONSULTATION REQUEST INFORMATION

Diagnosis/ICD10 _____

Name of Physician: Dimitri Z Pitovski, MD

Specialty: Otolaryngology / Allergy

Reason for consultation: _____

By providing the information requested and signing below, you agree that we may initiate treatment following consultation or perform medically necessary diagnostics, in association with this consultation. We look forward to collaborating with you on your patient's treatment plan.

REFERRING PHYSICIAN INFORMATION

Referring MD: _____

Specialty: _____

Phone: _____

Fax: _____

Clinic Name: _____

Phone: _____

Signature: _____

NOTICE OF CONFIDENTIALITY: This is a confidential fax and is intended solely for the person indicated above. If you are not the intended person, you are hereby notified of the confidential nature of this fax and that you are not entitled to read, copy or otherwise disseminate any of the information contained herein.