ALLERGY PARTNERS® of Eastern Carolina

Sherif Taha, M.D.
Board Certified
Allergy and Immunology

Patient Referral

1150 East Arlington Blvd.
Greenville, NC 27858

Phone: (252) 756-1333
Fax: (252) 355-2068

Today's Date: ______________________________

Patient's Name: ______________________________

Date of Birth: ____________________ Male/Female (circle one)

Mailing Address: ______________________________

____
City State Zip

Home Phone: ______________ Alternate Phone: ______________

Responsible Party for Patient and Date of Birth: ______________

Relationship to Patient: ______________________________

Primary Insurance Company: ______________ Group Number: ______________

Policy or Medicaid Number: ______________________________

Subscriber Name and Date of Birth: ______________________________

Referring Physician: ______________ Facility Name: ______________

Physician's Phone Number: ______________________________

Physician's Fax Number: ______________________________

Please Include Current Copy of Insurance Card

Staff Member Authorizing: ______________________________

https://www.allergypartners.com/easterncarolina

Reason for Consultation:

Allergies ______________ Eczema ______________

Asthma ______________ Recurrent Infections ______________

Drug Allergy ______________ Angioedema ______________

Food Allergy ______________ Urticaria ______________

Bee Testing ______________ Sinusitis ______________

Other ______________________________

https://www.allergypartners.com/easterncarolina/blog/

For AP office use only

Appointment Information

Date: ______________
Time: ______________
Location: ______________
Patient Notified: ______________

Records Included ______________

Records to Follow ______________

Please Fax Referral Form to Scheduling at (252) 355-2068