

## Where the world comes for answers

In an effort to be fair and efficient, we have created this form to help triage patients who need urgent appointments in Allergy/Immunology Clinic. We ask that you fill this out and fax to 617-730-4813 along with relevant clinical notes and lab/test results. We will do our best to get patients in as soon as possible based on necessity.

Referring: MD NP PA
Referral Provider Name:
Phone number:
Patient Name:
Patient DOB:
Best phone number to contact family:
Please summarize any previous workup that has been done:
Please explain briefly why this visit is urgent: