



**Boston
Children's
Hospital**

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: _____

[illegible]