



**ALLERGYSA.COM**  
 ALLERGY, ASTHMA & IMMUNOLOGY  
 ASSOCIATES OF SOUTH TEXAS



Welcome to Allergy SA. For more than 30 years our mission has been to enhance our patients' quality of life by providing specialized care delivered in a timely and compassionate manner. We are grateful you have chosen to refer your patient to our practice. To schedule an appointment, please call **210-616-0882** or visit **Allergysa.com**. Our allergy, asthma, and immunology experts specialize in:

- |  |  |
|--|--|
| <input type="checkbox"/> Allergies: Food, Drug, Insect & Pet                   | <input type="checkbox"/> Hives & Swelling  |
| <input type="checkbox"/> Asthma & Other Lung Diseases                          | <input type="checkbox"/> Nasal & Eye Allergies (Hay Fever)                       |
| <input type="checkbox"/> Allergy Immunotherapy (Allergy Shots & Allergy Drops) | <input type="checkbox"/> Recurrent Infections/Immune Disorders                   |
| <input type="checkbox"/> Anaphylaxis Eczema & Dermatitis                       | <input type="checkbox"/> Rhinoscopy & CAT Scan                                   |
|  | <input type="checkbox"/> Biologics (Xolair, Fasenna, Nucala, Dupixent, Tezspire) |

**Locations:**     Medical Center/Babcock     Southside/Barlite     Stone Oak

**Patient Referral Information**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Contact Info (name if different from patient/Phone #) \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Authorization Number \_\_\_\_\_

Referring Provider's Name \_\_\_\_\_ NPI # \_\_\_\_\_

Referring Practice Name \_\_\_\_\_ Group NPI # \_\_\_\_\_

Referring Practice Address \_\_\_\_\_

Referring Practice Contact Name/Number \_\_\_\_\_

Treatment Start Date (must be a valid 00/00/0000 date) \_\_\_\_\_

Number of Visits (recommend at least 25-99) \_\_\_\_\_

Treatment End Date (must be a valid 00/00/0000 date) \_\_\_\_\_

Notes: \_\_\_\_\_