



**Patient Referral**  
**to Latitude Food Allergy Care**  
**Fax to 646-452-5969**

Referring Provider: \_\_\_\_\_

Referring Provider Phone/Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**Diagnosis:**

**Referred for:**

- |  |   |
|--|---|
| <input type="checkbox"/> Food Allergy Consultation | <input type="checkbox"/> Early Introduction for Infants |
| <input type="checkbox"/> Food Allergy Diagnosis    | <input type="checkbox"/> Oral Immunotherapy             |
| <input type="checkbox"/> Food Challenges           | <input type="checkbox"/> Long-Term Food Allergy Care    |

**Notes:**

**Preferred Clinic:**    Upper East Side    Brooklyn    Westchester County

Clinics 100% focused on the testing, treatment, and care of food allergies.

Member of Weill Cornell Network • Multiple NY Locations • (888) 528-1592 • Fax (646) 452-5969

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