Latitude
Food Allergy Care

Patient Referral
to Latitude Food Allergy Care
Fax to 650-466-6219

Referring Provider: _____

Referring Provider Phone/Email: _____

Patient Name: _____

Date of Birth: _____ EPIC MRN: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Diagnosis:

Referred for:

☐ Food Allergy Consultation
☐ Food Allergy Diagnosis
☐ Food Challenges
☐ Early Introduction for Infants
☐ Oral Immunotherapy
☐ Long-Term Food Allergy Care

Notes:

Clinics 100% focused on the testing, treatment, and care of food allergies.
Member of UCSF Benioff Children's Physicians • Multiple SF Bay Area Locations
Phone: (650)466-6224 • Fax: (650)466-6219 • hello@latitudefac.com
www.latitudefoodallergycare.com