Latitude
Food Allergy Care

Patient Referral
to Latitude Food Allergy Care
Fax to (310) 606-1024

Referring Provider: _____

Referring Provider Phone/Email: _____

Patient Name: _____

Date of Birth: _____

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
- ☐ Xolair
- ☐ Long-Term Food Allergy Care

Notes:

Clinics 100% focused on the testing, treatment, and care of food allergies.
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hello@latitudefac.com • www.latitudefoodallergycare.com