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:

Preferred Clinic: ☐ West LA ☐ Sherman Oaks ☐ Irvine

Clinics 100% focused on the testing, treatment, and care of food allergies.
Member of Children's Hospital of Los Angeles Care Network
Multiple Southern California Locations • (888) 528-1592 • Fax (310) 606-1024
hello@latitudefac.com • www.latitudefoodallergycare.com