Latitude
Food Allergy Care

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:

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

Notes:

Preferred Clinic: ☐ Upper East Side ☐ Brooklyn ☐ Westchester County ☐ Long Island

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
hello@latitudefac.com • www.latitudefoodallergycare.com