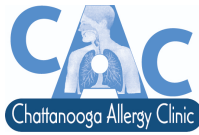


PHONE
423-899-0431



FAX
423-499-9552

NEW PATIENT APPOINTMENT REQUEST

PATIENT INFORMATION

Patient Name: _____

Address: _____

City, State, and Zip: _____

Home Phone #: _____ Alternate Phone: _____

Date of Birth: _____ Social Security #: _____

Insurance Company: _____ Insurance ID#: _____

Referral needed for insurance plan?

REFERRING DOCTOR INFORMATION

Referring Doctor: _____ Phone #: _____

Fax #: _____

APPOINTMENT REQUEST INFORMATION

Patient Referred for: NEW patient Return Office Visit

Please set appointment: ASAP First available 1 week 2 weeks

Allergist Requested: Dr. Cromie Dr. Levin Dr. Perry Dr. Kaplan Dr. Patel Dr. Van Mason

Preferred Location: Lee Highway Cleveland Hixson Ft. Oglethorpe Dayton
 Jasper Downtown Chattanooga Dalton

Diagnosis / Reason for Referral: _____

APPOINTMENT INFORMATION

Appointment Date: _____ Time: _____

Appointment Location: _____ Provider: _____

CAC has attempted to contact the patient twice and has been unable to reach them. We have scheduled the above appointment time. We will be sending out a new patient packet to the patient. Please advise this patient of their appointment with us. Thank you.

Chattanooga Allergy Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-346-1674 (TTY: 1-423-697-3842).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-877-346-1674 (TTY : 1-423-697-3842)