



Dr. Saba Merchant, MD, FRCPC
& Associates

Dr. Joshua Hochman, MD, FRCPC
RCPSC Allergy and Clinical Immunology trained

Allergy and Immunology Referral Form - Adult and Pediatric

☐ Routine ☐ Urgent

Patient information:

Name: _____ **DOB:** _____

Address: _____

Health card: _____

Phone number: _____ **Cell number:** _____

Email Address: _____

Referring Physician:

Name: _____

Address: _____

Billing number: _____

Phone number: _____

Fax number: _____

Reason for referral:

- | | |
|---|--|
| ☐ Allergic Rhinitis | ☐ Immunodeficiency |
| ☐ Anaphylaxis | ☐ Food allergy |
| ☐ Asthma | ☐ Latex allergy |
| ☐ Drug allergy (e.g. Penicillin) | ☐ Stinging Insect allergy |
| ☐ Eczema/Atopic Dermatitis | ☐ Urticaria/Angioedema |
| ☐ Eosinophilic Esophagitis | ☐ Other |

Referral Details:

Please fax referral to: 905-303-3035
110-955 Major Mackenzie Drive West Maple, ON L6A 4P9