
REFER A PATIENT FOR A CLINICAL RESEARCH STUDY

We appreciate the trust and confidence that our referring providers demonstrate in our board-certified allergists and advanced practice providers at AllerVie Clinical Research when they partner with us in their patients' care. To refer a patient for a clinical research study at AllerVie Clinical Research, please complete this form and fax to **205.449.7282**

Patient Demographics

Date: _____
Patient Name: _____ Date of Birth: _____
Patient Address: _____
Parent/Legal Guardian Name: _____
Contact Phone Number: _____ Alternate Phone Number: _____
Patient Insurance: _____
Reason for Referral or Consult: _____

Referring Physician Information

Referring Physician Name: _____ Referring NPI: _____
Sent by (Person sending this form): _____
Referring Phone Number: _____ Referring Fax Number: _____
Referring Email: _____
Reason for Referral:

Conditions/Treatments *Please select the type of research study you would like to refer your patient to:*

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Immunodeficiency | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> COPD | <input type="checkbox"/> Nasal Studies |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hereditary Angiodema | <input type="checkbox"/> GI | |

One of our research coordinators will follow up with your patient about study qualifications, required screenings, and next steps.

Our clinical research studies involve medications to treat these symptoms at the forefront of current medicine and are provided at absolutely no cost, with no insurance needed to enrolled patients. Patients may also be reimbursed for time and travel and will receive care from physicians affiliated with AllerVie Clinical Research.