

**Northeast Allergy, Asthma, and Pulmonary Clinic**  
**KRIS BHAT, M.D., D, ABSM**  
**asthama-allergy.net**

**Referral For Allergy Services**

2627 Laurel Street  
Bmt., TX 77702  
Ph: 409-835-5382  
Fx: 409-835-5451

19411 McKay Dr., Suite 100  
Humble, TX 77338  
Ph: 281-548-7313  
Fx: 281-446-6818

13300 Hargrave Rd, Suite 480  
Houston, TX 77070  
Ph: 281-890-7366  
Fx: 281-446-6818

Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_ SS: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Insurance: \_\_\_\_\_ ID# \_\_\_\_\_

Group# \_\_\_\_\_ Ins Phone# \_\_\_\_\_

**Please include both sides of insurance card(s) with this form**

Please check all appropriate ICD-9 Codes

- |  |           |  |           |
|--|-----------|--|-----------|
| <input type="checkbox"/> Allergy Testing     | CPT 99504 | <input type="checkbox"/> Follow-up Visit | CPT 99214 |
| <input type="checkbox"/> Office Consultation | CPT 99244 |  |           |

**SERUM**

- |   |           |  |           |
|---|-----------|--|-----------|
| <input type="checkbox"/> Antigen Multi-dose | CPT 95165 | <input type="checkbox"/> Single Dose Vials | CPT 95144 |
|---|-----------|--|-----------|

**INJECTIONS**

- |   |           |  |           |
|---|-----------|--|-----------|
| <input type="checkbox"/> Single Injection | CPT 95115 | <input type="checkbox"/> Multiple Injections | CPT 95117 |
|---|-----------|--|-----------|

**Sleep Study** : Please see ref form at **[sleepdignosticcenter.com](http://sleepdignosticcenter.com)**

Please fax the requested referral to us as soon as possible.

Thank you.