

Referrals for Allergy Consultation

Patient Name:

MRN/DOB:

Referring MD:

Referring MD Contact Information:

Diagnosis:

Agent patient reacted to:

Date of last exposure:

Symptoms of reaction:

Timing of reaction:

Frequency of treatment:

Date of next scheduled treatment:

Patient's Insurance:

Please return to:

Kylie Besz
Desensitization Coordinator
Division of Allergy & Clinical Immunology
Brigham & Women's Hospital, Boston MA
Office: (617)-525-1222
Fax: (617)- 525-1310
kbesz@bwh.harvard.edu