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

***Referral Request***

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GRP: \_\_\_\_\_\_\_\_

CPT Codes needed:

99215 / 99205 – Office Visit

89190 – Nasal Smear

95115 / 95117 – Allergy Injections \* **(Injections are given w/o an office visit 2 – 3 times per week. Please allow open visits on referral) \***

95165 – Allergy Serum

Diagnosis Code(s):

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Dr. Calais Individual NPI: 1831416197 TIN: 85-1316958

If you have any questions, please contact our office at (210) 226-3500.