



THANK YOU FOR  
YOUR REFERRAL

YOUR PARTNERSHIP  
IS GREATLY  
APPRECIATED!

# PATIENT REFERRAL

Referring Physician \_\_\_\_\_ NPI \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Referring to AAAC Clinic:

- Little Rock
- Conway

Referring to AAAC Physician:

- Kelly Burks, MD
- Lori Kagy, MD
- Eddie Shields, MD
- Nancy Zuerlein, MD

Primary Diagnosis:

- Allergic Rhinitis
- Asthma
- Chronic Rhinitis
- Cough
- Non-Allergic Rhinitis
- Sinusitis
- Urticaria
- Other \_\_\_\_\_

## ARKANSAS ALLERGY & ASTHMA CLINIC, PA

10310 West Markham Street

Suite 222

Little Rock, AR 72205

Ph: 501-227-5210

F: 501-312-1592

[www.arallergy.com](http://www.arallergy.com)

Helping You  
Breathe Easy!



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