



PROUDLY PROVIDING PREMIER ALLERGY & ASTHMA PATIENT CARE IN EAST TENNESSEE

Cookeville, Clarksville, Mt. Juliet, Dickson

Dr. Travis Cain + Dr. Jane Choi + Dr. Megan Stauffer

Chloe Hamby, NP

PLEASE FAX FORM & RECORDS TO: 865-895-4090

PATIENT INFORMATION:

NAME (FIRST & LAST):	CELL PHONE:
DATE OF BIRTH:	HOME/OTHER PHONE:
INSURANCE PLAN (INCLUDE COPY OF CARD):	DIAGNOSIS / REASON FOR REFERRAL:
PARENT OR GUARDIAN NAME (IF PATIENT IS MINOR):	

REFERRING OFFICE INFORMATION:

REFERRING OFFICE:	PHONE NUMBER:
REFERRING PROVIDER:	FAX NUMBER:

Preferred AAIC Provider: _____ **Or First Available:** _____

Ok to schedule with AAIC Nurse Practitioner? ____ Yes ____ No

Thank you for your referral! We will call the patient, set up the appointment, and send you the appointment date and time. WE SEE ALL AGES AND INSURANCE PLANS!