Dr. Samuel Yung, ALLERGIST

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ALLERGY, ASTHMA & CLINICAL IMMUNOLOGY REFERRAL

REASON(S) FOR REFERRAL (check all that apply):

- ☐ Allergic rhinitis
- ☐ Asthma
- ☐ Food Allergy
- ☐ Anaphylaxis
- ☐ Urticaria/Angioedema
- ☐ Eczema
- ☐ Penicillin allergy
- ☐ Other drug allergy
- ☐ Contact dermatitis
- ☐ Eosinophilic esophagitis
- ☐ Immunodeficiency
- ☐ Other (specify below)

Clinical description

PATIENT INFORMATION

Name _____ Home Phone _____

Heath Card # _____ Cell Phone _____

Date of Birth _____ Email _____

PHYSICIAN INFORMATION

Referring Physician _____ Phone _____

Billing Number _____ Fax _____

Signature _____ CC Family Doctor _____

PLEASE FAX REFERRALS TO 905-764-0189