



## PHYSICIAN REFERRAL FORM

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

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

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Requesting Physician: \_\_\_\_\_

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 Dr. Kristin Moore (Allergist)  
 Dr. Prathyusha Savjani (Allergist)

**PEARLAND**  
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 Dr. Omid Abbassi (ENT)  
 Dr. K. Deepa Verma (Allergist)  
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**SUGAR LAND**  
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 Dr. Sanober Tamboli (Allergist)  
 Dr. Vikas S. Kancherla (Allergist)  
 Dr. K. Deepa Verma (Allergist)

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 Dr. Enrique Quintero (Allergist)  
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**THE WOODLANDS (TOWN CENTER)**  
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 Dr. Johnny P. Mai (ENT)  
 Dr. Enrique Quintero (Allergist)  
 Dr. Robert S. Burress (Allergist)  
 Dr. Pedro C. Avila (Allergist)

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 Dr. Hardik Patel (Allergist)

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