ALLERGY, ASTHMA & SINUS CENTER, P.C.
1200 Valley West Dr. #120 West Des Moines, IA 50266
PH (515) 226-9559 FX (515) 226-1673

Ravinder K Agarwal, M.D.
Diplomate American Board of Allergy & Immunology

CONFIRMATION OF CONSULTATION APPOINTMENT

Date: ______________________

Dr: ________________________ **Fax #:**____________________

Thank you for your recent request for consultation on your patient:
_______________________________ DOB: ________________

We have an appointment for this patient scheduled on:
Date/Time: ____

Please fax your last office notes, chest x-rays. CT scan reports and/or lab reports if available to eliminate duplicate testing.

We will send you a copy of our findings soon after the appointment.

Thank you,
Allergy, Asthma & Sinus Center, P.C.

Primary Ins. / Secondary Ins.

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Policy ID # Policy ID #

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Group # Subscriber Name

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Subscriber DOB / Relationship to patient

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