

OXFORD ALLERGY CLINIC -ADULT AND PEDIATRIC  
R. BORICI -MAZI, MD FRCPC  
*Specialist in Allergy, Asthma and Immunology*  
101-140 Oxford Street East London ON, N6A 5R9  
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Referrals are accepted through *Ocean e-referral* or Fax  
URGENT referrals are seen within ONE week; guaranteed wait list of 4-6 weeks for ALL  
referrals.

ALLERGY REFERRAL FORM

PATIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_

DOB: \_\_\_\_\_ OHIP CARD #: \_\_\_\_\_

TEL (H): \_\_\_\_\_ TEL (M): \_\_\_\_\_

Email (preferred for booking) \_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_ OHIP Provider# \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ OHIP Provider# \_\_\_\_\_

- ☐ Allergic rhinoconjunctivitis
- ☐ Asthma
- ☐ Environmental allergy
- ☐ Food Allergy
- ☐ Anaphylaxis
- ☐ Urticaria & Angioedema

- ☐ Recurrent infections/Immunodeficiency
- ☐ Rhinosinusitis +Nasal polyps
- ☐ Atopic dermatitis
- ☐ Contact Dermatitis
- ☐ Other

REASON FOR CONSULTATION

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MEDICATIONS: \_\_\_\_\_

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PHYSICIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_