

The Itch Clinic



Allergy, Dermatology, and Otology
Dr. Keith A Hnilica DVM, MS, DACVD

Patient Referral Form

(optional or just call us (800) 621-1370 ext2)

Patient's Name:	
Owner's phone numb	er:
Making the Appoint	ment: (circle one)
0	Owner will call (800) 621-1370 ext 2
	Please call the owner to schedule apt
	Referring Doc will make the appointment
Referring Doctor's Na	ime:
Clinic Name:	
Clinic Fax Number: _	
Will	you be faxing recent medical records: yes no
Reason for Referral:	
(circle one)	2 nd opinion
	Allergy Skin Testing
	MRStaph
	Biopsy and Dermatopathology
	Other:

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Thank You for the support ©

4 locations in East Tennessee
(800) 621-1370 ext 2 www.itchnot.com