



Thank you for referring your patient to the **Pediatrics Asthma/Allergy Clinic**. In order to provide the best care to your patient, we are requesting that certain lab studies be completed, prior to acceptance of your referral to our clinic.

- For Asthma, Chronic Eczema, Sinusitis, Rhinitis and Allergies, please order the following:
 1. ImmunoCap for environment - #10655 food - #10715 (for LapCorp, use RAST Southern California Panel and Main foods)
 2. IgE - #542
 3. PFT and SPT (can refer to Breathmobile (909) 498-6277 or (909) 213-3341)

- For Chronic Bronchitis or Chronic Sinusitis, please order the following:
 1. IgA - #539
 2. IgM - #545
 3. IgG subclass - #543
 4. Pneumonia Titer #14 - #34263
 5. CBC w/differential - #6399

- For Urticaria, please order the following:
 1. CBC w/ differential - #6399
 2. CMP - #10231
 3. TSH w/Reflex to Free T4 - #36127
 4. Thyroid Autoantibodies - #7260
 5. Stool for O&P - #681
 6. Urine Analysis, complete - #5463
 7. CXR – r/o mass

ABOVE TEST CODES ARE FOR LABQUEST ONLY

Please return the referral with the completed lab studies requested. Once the information is received, we will schedule your patient for an appointment with the Specialist.

Please ensure the referral authorization CPT code is 99244 or 99204 or higher for new patients. Due to appointment availability, the expiration date should be within 6 months to one year.

Thank you for your cooperation in this matter. We look forward to assisting you in the care of your patient.