



ORLANDO
IMMUNOLOGY
CENTER

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Welcome to OIC

How did you hear about us?

Please take a moment to let us know how you were referred to our office.
Check all that apply

Today's Date: _____

Patient Name: _____

DOB: _____

OIC Website

Hope and Help

Miracle of Love

AIDS Healthcare Foundation (AHF)

Physician Name of Physician _____

Hospital Name of Hospital _____

Orange County Health Department

Seminole County Health Department

The Center Orlando

Center For Multiculture

Orlando Weekly Advertisement

Watermark Advertisement

Insurance Directory of participating providers

Yellow Pages

Friend or Family member including spouse, partner, boyfriend or girlfriend

Previous patient returning to our practice

OIC Research Department

Other source: Please specify _____

Thank you for your assistance!