



Practicing Excellence.
Setting the Standard.

PHYSICIAN REFERRAL FOR CONSULT TO ENT ASSOCIATES

Form with three checkboxes: ENT Associates to call the patient to schedule, The patient will call ENT Associates to schedule, Our office has already scheduled the patient with ENT Associates

Requesting Physician: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

SCHEDULE WITH:

- List of 15 providers with checkboxes: Thomas Herendeen, MD; Brian Herr, MD; Adam Kaiser, MD; Amy Lai, MD; Douglas Nuckols, MD; Paul Porter, MD; Gaurav Prasad, MD; Mohan Rao, MD; Deepkaran Reddy, MD; Stephen Schreck, MD; David Stein, MD; Sreeya Yalamanchali, MD; Maria Ambush, NP; Nicole Seabeck, NP; Brandon Emry, NP; Heidi Hesseling, NP; Tiffany Witte, NP; Edward Westfall, MD

Reason for Consult: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Patient Contact Phone #: \_\_\_\_\_ Contact Name, if other than Patient: \_\_\_\_\_

Prior Authorization Number, if applicable: \_\_\_\_\_

Please include the following with this form:

- Two checkboxes: Patient Demographics and Insurance Info; Copies of Pertinent Office Visits and Diagnostic Tests

Please Fax to ENT Associates: (260) 423-9677 or (260) 484-3309

APPOINTMENT CONFIRMATION INFORMATION

SCHEDULED WITH: \_\_\_\_\_

LOCATION: \_\_\_\_\_

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