



EAR, NOSE & THROAT
ASSOCIATES, P.C.



FAX

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EAR, NOSE & THROAT ASSOCIATES, P.C.

PHYSICIAN REFERRAL FOR CONSULT TO ENT ASSOCIATES

- 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:

- Thomas Herendeen, MD
Stephen Schreck, MD
Kelley Christoffel, NP
Brian Herr, MD
Nizar Taki, MD
Heidi Hesselting, NP
Adam Kaiser, MD
Edward Westfall, MD
Josh Holley, NP
Douglas Nuckols, MD
Sreeya Yalamanchali, MD
Nicole Seabeck, NP
Paul Porter, MD
Haley Hines, PA
Tiffany Witte, NP
Kumar Prasad, MD
Emily Ritzert, PA
Deepkaran Reddy, MD
Jeena Thomas, PA-C

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:

- 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: _____