



# Referral Form for ENT, Allergy, and Audiology

149 Plantation Ridge Drive # 190 Mooresville, NC 28117  
P: 704-658-0595 ■ F: 704-658-0916

Date of Request: \_\_\_\_\_

## PATIENT INFORMATION (PLEASE PRINT)

Last Name	First Name & MI	Age	Date of Birth	M/F
Street Address	City	State	Zip Code	
Parents/Guardian(s) Name	Home #	Work #	Cell #	

## INSURANCE INFORMATION

Please check if Self-Funding:

Primary Insurance Name	Policy #
Secondary Insurance Name	Policy #

## REFERRING PHYSICIAN INFORMATION

Referring Physician Name/Practice Name	NPI	
Practice Contact Name	Office Phone	Office Fax

## CLINICAL INFORMATION

Reason for Referral/Consultation: \_\_\_\_\_

Medications (attach list): \_\_\_\_\_

Allergies: \_\_\_\_\_

Please fax completed form and items listed below to: 704-658-0916

- recent clinic notes
- medication list
- front and back of insurance card

## FOR OFFICE USE ONLY

Appointment Preference:  Morning  Afternoon

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_