

# REFERRAL FORM

EAR, NOSE AND THROAT

PATIENT INFORMATION					
NAME					
GENDER		SSN		DOB	
ADDRESS					
CELL		WORK		HOME	

INSURANCE INFORMATION					
POLICY HOLDER					
INSURANCE		ID		GROUP	
INSURANCE		ID		GROUP	

REFERRAL INFORMATION			
PROVIDER			PHONE
TYPE	<input type="checkbox"/> Consult and intervention <input type="checkbox"/> Consult Only		
NOTES			

REFERRAL INDICATION		
<input type="checkbox"/> EAR DISEASE	<input type="checkbox"/> TINNITUS	<input type="checkbox"/> HEAD AND NECK TUMORS
<input type="checkbox"/> NASAL CONGESTION	<input type="checkbox"/> CERUMEN REMOVAL	<input type="checkbox"/> FACIAL RECONSTRUCTION
<input type="checkbox"/> THROAT DISEASE	<input type="checkbox"/> DIZZINESS/VERTIGO	<input type="checkbox"/> SINUSITIS/ALLERGY
<input type="checkbox"/> AUDIOGRAM	<input type="checkbox"/> VOICE EVALUATION	
<input type="checkbox"/> OTHER		

SIGNATURE

DATE



**NORTHWEST  
SPECIALTY HOSPITAL**  
PROUDLY OWNED AND OPERATED BY PHYSICIANS

Ear Nose and Throat

## Northwest Ear, Nose and Throat

Brandy Tacia, DO

750 N. Syringa Street Suite 203-A  
Post Falls, ID 83854

Phone (208) 262 - 2717

Fax (208) 262 - 2719

Website nwsh.com