Central California Ear, Nose & Throat Medical Group
Phone: (559) 432-3303 Referral Fax: (559) 432-6195

PATIENT REFERRAL FORM

Instructions:

1. **Please print the most current information for the patient as requested below. Please be sure to complete all sections.**
2. **Fax this form to our referral fax line: (559) 432-6195.**
3. **Within 24 hours, we will fax back an Appointment Verification Form showing the date and time of the appointment for this patient.**
4. **Upon your receipt of our form, please notify the patient of the appointment date and time.**
   (Note: we do not contact the patient at the time the appointment is made)

***** Please Print *****

Patient Information:

Patient's Full Name: (First)_____ (Last)_____

Patient's Mailing Address _____

City _____ State _____ Zip _____

Home Phone (___)_____ Work Phone (___)_____(__) Cell Phone (___)_____

Note: Please include all phone numbers you have available. Email _____

Date of Birth _____ Social Security # _____

Marital Status: __Single __Married __Other Sex: __Male __Female

Emergency Contact/Message: Full Name _____ Phone # _____

Insurance Information:

	Primary Insurance Coverage	Secondary Insurance Coverage
Insurance Company	_____	_____
Type	___HMO ___PPO ___HMO Sante	___HMO ___PPO ___HMO Sante

Note: Please include Secondary Insurance Coverage when applicable.

Physician Information:

Referring Physician M.D. _____ NPI# _____ Fax #:_____
(please list Supervising Physician for P.A or N.P.)

CCENT Physician Requested: _____

Diagnosis Description (not code): _____ D.O.I. _____

For Hearing Loss & Tinnitus Only:
(A Box Must Be Checked for Each Question)

Sudden hearing loss?	**Yes** ☐	**No** ☐
Ear pain present?	**Yes** ☐	**No** ☐
Ear drainage present?	**Yes** ☐	**No** ☐
Dizziness present?	**Yes** ☐	**No** ☐

Doctor-Ordered Hearing Test ☐

(R10/15)

Thank You For Your Referral

Please send us your records pertaining to this diagnosis. If patient has had diagnostic tests, please have them bring films/scans with them.

(This form may be downloaded from ccent.com/refer)