

# ENT CENTER

## PHYSICIAN REFERRAL FORM

Please fax their most recent office note to 256-415-8178

Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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### Patient Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Sex: \_\_\_\_\_

Phone Number: \_\_\_\_\_

HOME *or* MOBILE

Address: \_\_\_\_\_

Insurance: \_\_\_\_\_

Group Number: \_\_\_\_\_

ID: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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ENT Center will notify the patient of the appointment and fax the appointment note from their visit with us back to your office after they are seen. You can also schedule their appointment online by visiting [entcenteralabama.com](http://entcenteralabama.com) and faxing us the information above or emailing it to [referral@entcenteralabama.com](mailto:referral@entcenteralabama.com).

For more urgent requests, please call or text (256) 942-2622.

We appreciate your continued support, *Thank you!*

**ENT CENTER**  
OF NORTHWEST ALABAMA