



Otolaryngology/Head & Neck Surgery Referral Form

3100 N Wellness Dr.
Holland, MI 49424

17168 Timberview Dr
Grand Haven, MI 49417

3501 Rivertown Point Ct. SW
Grandville, MI 49418

Office Phone #: 616-994-2770

Office Fax #: 616-920-6533

739 East Beltline
Grand Rapids, MI 49525

1005 W Green St Ste M202
Hastings, MI 49058

516 Linn St
Allegan, MI 49010

Dr. Richard Strabbing, DO, FAOCO
Dr. Seth Palmer, DO, FAOCO
Dr. Anthony Howard, DO, FAOCO
Dr. John Riley, DO, FAOCO
Dr. Michael Foster, DO, FAOCO
Dr. Tracy Orton, DO, FAOCO

Cutler Ludington, PA-C
Stefan Kuipers, PA-C
Cutler Ludington, PA-C
Brad Ophoff, PA-C

Dr. Erica Mandrick, AuD
Dr. Karlina Didion, AuD
Dr. Kimberly Schewe, AuD
Dr. Shana Laffoon, AuD
Dr. Ashley Bookmyer, AuD
Dr. Krista Katzer, AuD
Dr. Elizabeth Rick, AuD
Dr. Zoe Lionas, AuD

Name: _____

Address: _____

Sex: _____ Birthdate: _____ Parent/Guardian: _____

Home Phone: _____ Cell: _____

Insurance: _____ SS#: _____

Policy#/Policy Holder: _____

Reason for Referral/Diagnosis: _____

Person filling out form: _____

Please include the following information that pertains to the condition of the referral when faxing the form to us:

- Progress Notes
- Medication(s)
- Growth chart (pediatric patient)
- Any X-Ray, CT scans, MRI, Bone Scan related to area

After all records have been received, we will contact the patient and set an appointment. We will send an information packet to the patient which includes a map to our office.

Referring Doctor: _____

Referring Address: _____

Referring Phone: _____ Referring Fax: _____