



Otolaryngology/Head & Neck Surgery Referral Form

3100 N Wellness Dr. 17168 Timberview Dr 3501 Rivertown Point Ct. SW 901 Bailey 230 West Oak St. 516 Linn St
Holland, MI 49424 Grand Haven, MI 49417 Grandville, MI 49418 South Haven, MI 49090 Fremont, MI 49412 Allegan, MI 49010

3322 East Beltline Ct NE 1005 W Green St Ste 305
Grand Rapids, MI 49525 Hastings, MI 49058

Office Phone #: 616-994-2770

Office Fax #: 616-920-6533

Dr. Richard J. Strabbing, DO, FAOCO
Dr. Seth Palmer, DO, FAOCO
Dr. Jason Stubbs, DO, FAOCO
Dr. Andrew Behler, DO, FAOCO
Dr. Michael Foster, DO, FAOCO
Dr. Tracy Orton, DO, FAOCO
Dr. Anthony Howard, DO, FAOCO

Aleica Kovatch, PA-C
Stefan Kuipers, PA-C
Holly Honderd, PA-C
Kasey Felten, PA-C

Dr. Erica Mandrick, AuD
Dr. Elizabeth Hughes, AuD
Dr. Karson Glass, AuD
Dr. Shana Laffoon, AuD
Dr. Ashley Bookmyer, AuD
Dr. Krista Katzer, AuD

Name: _____ Sex: _____

Address: _____

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)
- Any X-Ray, CT scans, MRI, Bone Scan related to area being evaluated
- Growth chart (pediatric patient)

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: _____