MICHIGAN ENT
& ALLERGY SPECIALISTS

Otolaryngology/Head & Neck Surgery
Referral Form

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

Stefan Kuipers, PA-C
Cutler Ludington, PA-C
Kasey Felten, PA-C

Dr. Erica Mandrick, AuD
Dr. Elizabeth Hughes, AuD
Dr. Karson Glass, AuD
Dr. Shana Lafoon, AuD
Dr. Ashley Bookmyer, 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: _____