



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. Anthony Howard, DO

Stefan Kuipers, PA-C
Cutler Ludington, PA-C
Bradley Ophoff, PA-C
Patrick O'Connor, PA-C

Dr. Erica Mandrick, AuD
Dr. Shana Laffoon, AuD
Dr. Ashley Bookmyer, AuD
Dr. Krista Katzer, AuD
Dr. Elizabeth Rick, AuD
Dr. Kimberly Schewe, 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: _____