



## Otolaryngology Referral Form

**Locations:** 3100 N Wellness Dr. Holland, MI 49424 / 17168 Timberview Dr. Grand Haven, MI 49417 / 3501 Rivertown Point Ct. Grandville, MI 49418

739 East Beltline Ave NE Grand Rapids, MI 49525 / 1005 W Green St Ste 202 Hastings, MI 49058 / 516 Linn St. Allegan, MI 49010

6470 Cherry Meadow Dr. SE Caledonia, MI 49316 / 941 W Broadway Ave Muskegon, MI. 49441

**Contact Information:** Office Phone #: 616-994-2770 / Office Fax #: 616-920-6533 / Email: office.mient@michiganentallergy.com

Physicians	Physician Assistant	Audiologist
Dr. Richard J. Strabbing, DO	Cutler Ludington, PA-C	Dr. Erica Mandrick, AuD
Dr. Seth Palmer, DO	Stefan Kuipers, PA-C	Dr. Elizabeth Rick, AuD
Dr. Michael Foster, DO	Brad Ophoff, PA-C	Dr. Ashley Bookmyer, AuD
Dr. Tracy Orton, DO	Amy Rogghe, PA-C	Dr. Krista Katzer, AuD
Dr. Anthony Howard, DO	Aaron King, PA-C	Dr. Karlina Didion, AuD
Dr. John Riley, DO	Elizabeth Cabrera PA-C	Dr. Zoe Pridnia, AuD
Dr. Michael Keenan, MD		Dr. Kimberly Schewe, AuD
Dr. Nicholas Cameron, DO		Dr. Adriana Kelly, AuD
Dr. Shivani Shah-Becker, MD		

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address:

Parent/Guardian name (if minor)

Home PH: \_\_\_\_\_ Cell#: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy number: \_\_\_\_\_

Policy Holder name & Date of birth:

Reason for referral / Diagnosis:

Person filling out form:

Referring provider name:

Referring provider address:

Referring provider phone: \_\_\_\_\_ Fax# \_\_\_\_\_

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

Progress note / Medication(s) / Any X-ray / CT / MRI scan

After all records have been received, we will contact the patient to set up an appointment.