Patient Referral Form

ENT Specialists
OF ALASKA

Patient Information

Patient's Full Name: _____
First Name Last Name Date of Birth

_____ _____ _____
Best Contact Number Guardians Name, if under 18 Guardians Contact Number

_____
Insurance

Physician Information

_____
Physician Requesting Referral

_____
Diagnosis Code

_____
Reason for Referral

_____

_____

Please forward the patient's demographic and insurance information, along with all chart notes and testing pertinent to the issue.

For Hearing Loss & Tinnitus Only:
(Please check yes or no for each question.)

Sudden hearing loss?	❍ Yes	◉ No
Ear pain present?	❍ Yes	◉ No
Ear drainage present?	❍ Yes	◉ No
Dizziness present?	❍ Yes	◉ No
Doctor-ordered hearing test?	❍ Yes	◉ No

ENTSA Divisions

Alyeska Center for Facial Plastic Surgery & ENT
3831 Piper St. S433, Anchorage
Phn: 907-561-1421 Fx: 907-561-0327

Geneva Woods Ear Nose & Throat
3730 Rhone Cr. Suite 203, Anchorage
Phn: 907-563-3515 Fx: 907-563-3541

Valley Ear Nose Throat Specialists of Alaska
3750 E. Country Field Cr. Suite B, Wasilla
Phn: 907-373-1410 Fx: 907-373-1411

Eagle River Ear Nose Throat Specialists of Alaska
12641 Old Glenn Hwy. Suite 201, Eagle River
Phn: 907-726-0368 Fx: 907-726-0371

Alaska Audiology
3730 Rhone Cr. Suite 104, Anchorage
Ph: 907-563-8008 Fx: 907-563-8007