



**FOR INTERNAL USE ONLY**

Acct: \_\_\_\_\_ Date: \_\_\_\_\_

Arrive @: \_\_\_\_\_  Tyler  Longview

Audio: \_\_\_\_\_ Appt Time: \_\_\_\_\_

## NEW PATIENT REFERRAL FORM

Referring Doctor: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Our providers in Tyler are Timothy Dale, MD, Daniel Glass, MD, Monica Hardee, MD, Brian Langford, MD, Andrew Lehr, MD, Michael Lewis, MD, and Jessica Hefner, MSN, RN, FNP-C.**

**Our providers in Longview are Timothy Dale, MD, and Brian Langford, MD.**

Patient First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian/Spouse Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Best Contact Number: \_\_\_\_\_  Work  Home  Cell

**Reason For Referral:** \_\_\_\_\_

**PLEASE PROVIDE ALL APPLICABLE MEDICAL RECORDS, CT/MRI FILMS AND A COPY OF THE PATIENT'S INSURANCE CARD (BOTH SIDES) BY FAX, MAIL OR DELIVERY.**

**FAX** to 903-595-3304.

**MAIL or DELIVER** to ENT Associates of East Texas, 1136 E Grande Blvd., Tyler, TX 75703.

Referral Required?  Y  N

Please contact me with the appointment information. Referring Provider Fax: \_\_\_\_\_

**THANK YOU for your referral!**