

Specialist Consultation Request

To obtain an appointment for your patient with Charlotte Eye Ear Nose & Throat Associates, P.A., please complete sections 1 and 2 of this form. Once finished, please fax this form along with a demographic sheet and any pertinent information to 704.295.7782. **We will contact the patient, schedule an appointment, and then fax tracking information back to you for your records.**

Additional documentation attached. Number of pages _____

1. Requesting Provider Information:

Today's Date: _____ Prepared By: _____

Practice: _____

Practice Phone: _____ Fax #: _____

Requesting Provider*: _____ NPI #: _____

Requested Physician: 1: _____ or 2: _____

No Physician Preference: Requested Location: _____

2. Patient Information: Please provide demographic sheet

Patient's Name: _____ DOB*: ____/____/____

Guardian's Name: _____ Relationship: _____

Preferred Phone #: _____ Patient's Email: _____

Primary Language (if not English): _____

Insurance Company: _____

Diagnosis/ Complaint *: _____

Carolina Access Auth #: _____ # Visits: _____ Duration: _____

Once an appointment is scheduled you will receive an appointment notification by fax.

Locations:

SouthPark | Albemarle | Belmont | Blakeney | Concord | Fort Mill | Huntersville | Lancaster | Lincolnton
Matthews | Monroe | Mooresville | Pineville | Rock Hill | Salisbury | Statesville | Steele Creek | University

If you have any additional questions, please call 704.295.3000.

Thank you for the opportunity to participate in the care of your patient!

** Required Information*