Consultation Request

Patient Name:	DOB:
Address:	
Home Number:	Work Number:

Insurance:

Parent Name:

For: Evaluation Treatment 2nd opinion other

Comments: Please evaluate and treat for: Referring Doctor: **Individual Provider** NPI#: (**Medicaid**) Number of visits: *****Please call to schedule the appointment** then fax medical records,MRI, CT, xray reports with this form to 919-776-3834.

Central Carolina ENT Associates	Dr. Doris Lin
1915 KM Wicker Dr	Dr. Richard Alexander
Sanford NC 27330	Beth Lisi, PA-C
Ph: 919-774-6829 Fax: 919-776-3834	