CHARLOTTE EYE
EAR NOSE & THROAT
ASSOCIATES, P.A.

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. Referring Provider Information:

Today's Date: _____ Prepared By: _____

Referring Practice: _____

Referring Practice Phone: _____ Fax #: _____

Referring Provider: _____ NPI #: _____

Requested Physician: 1: _____ or 2: _____

No Physician Preference: ☐ Requested Location:_____

Diagnosis/ Complaint: _____

2. Patient Information: Please provide demographic sheet

Patient's Name: _____ DOB: _____

Guardian's Name: _____ Relationship: _____ DOB: _____

Preferred Phone #: _____ Alternate #: _____

Patient's Address: _____

Patient's Email: _____

Primary Language (if not English): _____

Insurance Company: _____

Subscriber ID #: _____ Authorization #: _____

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

Locations:

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

If you have any additional questions, please call 704.295.3000.

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