



**Southern
ENT**

For Office Use:
Urgency: _____
Date Scheduled: _____
Appt: _____
Physician: _____

New Patient/Consult Request Form

Please Select Preferred Location (circle one):

Thibodaux Office 604 N. Acadia Rd. Ste. 101 Thibodaux, LA (P) 985-446-5079 (F) 877-795-9281	Houma Office 5040 W. Main St. Ste. #2 Houma, LA (P) 985-857-8838 (F) 877-796-4339	Morgan City Office 1231 Kenneth Dr. Morgan City, LA (P) 985-384-9440 (F) 877-684-9502	Raceland Office 4425 Hwy 1 Raceland, LA (P) 985-537-7546 (F) 877-796-4306	New Iberia Office 2308 E. Main St. Ste. B New Iberia, LA (P) 337-369-3683 (F) 877-796-6140	Youngsville Office 1516 Chemin Metairie Rd. Ste. A-1 Youngsville, LA (P) 337-369-3683 (F) 888-540-0727
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Today's Date: _____

Patient Name: _____ DOB: _____ SSN#: _____

Address: _____ Patient Contact Number(s): _____

Main Contact/Guardian/Caregiver: _____

Insurance: _____

Referring Physician: _____ NPI/UPIN#: _____

Primary Care Physician: _____ Office Number: _____

Referring Office Contact Number: _____ Fax: _____

Diagnosis with ICD-10/Reason for Referral/Consult: _____

Preferred Provider (If Requested): _____

(If This Request is Authorized by Workman's Comp - Please Provide W/C Carrier, Claim #, Adjuster, Phone #, Authorization/1010 Form)

**** Please fax the following documents with Referral Request Form:**

- **Patient Demographics**
- **Insurance Card(s)** - Front and Back
- All clinical info that pertains to the reason for the referral/consult. **(Progress notes, medication lists, lab results, radiology reports, audiological reports, etc.)**
- **Any radiology imaging please have patient bring copies on a disc.**

**** Once ALL of the required information is received via fax, our staff will review insurance and clinical information before scheduling an appointment. Our office will contact the patient within 2-3 business days to schedule an appointment with requested physician. If our office has not contacted patient within 2-3 business days, please contact our office to verify our staff has received referral request form via fax. For urgent/emergency referrals, contact our office immediately. ****

J. Vance Broussard, MD
Guy P. Zeringue III, MD
Justin M. Tenney, MD

Jacques E. Gaudet, MD
Nicholas C. Sorrel, MD
Charles A. Moore MD

Melissa E. Bascle, FNP-C
Mary C. Cheramie, FNP-C
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