



**Southern
ENT**

A LOUISIANA ENT SPECIALISTS PRACTICE

New Patient/Consult Request Form

Please Select Preferred Location (check 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

Today's Date: _____

Patient Name: _____ DOB: _____ SSN#: _____

Address: _____ Primary Contact Number: _____

Main Contact/Guardian/Caregiver: _____

Insurance: _____

Referring Provider: _____ NPI/UPIN#: _____

Referring Office Contact Number: _____ Fax Number: _____

Primary Care Provider: _____ Office Number: _____

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

Preferred Provider if Requested (*See List of Providers Below*): _____

(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 the 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 the requested physician. If our office has not contacted the patient within 2-3 business days, please contact our office to verify our staff has received a referral request form via fax. For urgent/emergent referrals, contact our office immediately. ****

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