blue ribbon ent
ALLERGY & SINUS CENTER

REFERRAL BY PHYSICIAN TO:

Susan Edionwe, MD, FACS
Board-Certified Otolaryngologist
7616 Branford Pl. Ste. 350, Sugar Land, TX 77479
Phone: 281-843-4364
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When does patient need to be seen? *(Check one)*:

- ☐ ASAP
- ☐ First Available

***SCHEDULED DATE AND TIME** *(To be completed by BRE)**:

Patient Name: ____________________ **Date of Birth:** ____________

Address: ____________________

Home phone: ____________ Work: ____________ Cell: ____________

Insurance: ____________________

(Please send copy of Insurance card)

Referring physician: ____________________

Contact Person: ____________________ TItle: ____________

Contact phone: ____________ Clinic phone : ____________ Ext: ____________

Reason for Visit:
(Select reason below)

	Allergies		**Thyroid / Parathyroid**
	Hearing Loss		**Chronic Nasal Congestion**
	Sinusitis		**Sleep Apnea**
	Tinnitus		**Lipomas**
	Ear Problems		**Snoring**
	Pediatric Tonsils		**Vertigo**
	Sleep Conditions Children		**Other:**

Notes & Studies to send with ENT Referral: *(Please check the items accompanying this referral.)*

- ☐ **Referring note**
- ☐ **Updated Medication List**
- ☐ **Copy of insurance cards**
- ☐ **CT or MRIs related to the appointment** *(description)* **within the last year**
- ☐ **Images – within the last year**