CornerStone Ear, Nose & Throat
CELEBRATING 25 YEARS

Patient Referral Request

Referral Coordinators:
Thank you for entrusting us with the care of your patients! Complete Sections 1 and 2 below. Then fax, along with medical records and authorization information, to 704-752-7576. We will schedule the appointment and fax the information back to you for your records.

1. Referring Provider Information:

Referring Practice: _____ Date: _____

Referring Physician: _____

Phone: _____ Fax: _____

2. Patient Information:

Patient's Name: _____ Date of Birth: _____

Insurance: _____ Insurance ID#: _____

Parent's Name (first and last) if patient is a chld: _____

Preferred Phone numbers: Home: _____ Cell: _____

Diagnosis/Complaint: _____

Should we perform a hearing test as part of our initial evaluation? Yes / No

Should we test the patient for respiratory allergies at the initial evaluation? Yes / No

Preferred Office Location: ___ Monroe ___ Charlotte (Arboretum) ___ First Available

Preferred Physician: ___ First Available ___ William McClelland, MD ___ Jeffrey Brink, MD
___ Ann Bogard, MD ___ Karen Greene, PA

**Will an interpreter be needed? Yes / No **Language: _____

Please have your patients visit our website at www.CornerStoneENT.com to request an invitation to our patient portal.

**********Section below for use by CornerStone Ear, Nose & Throat **********

Appointment Scheduled: Patient ID: _____ ID#: _____

Physician: _____ Date: _____ Time: _____

Audiology: _____ Date: _____ Time: _____

Charlotte (Arboretum) ___ Monroe ___

tel | 704.752.7575
fax | 704.752.7576
web | www.CornerStoneENT.com

Arboretum
8035 Providence Road, Suite 320
Charlotte, NC 28277

Monroe
1107 Reynolds Street
Monroe, NC 28112