CornerStone
Ear, Nose & Throat

Patient Referral Request

Referral Coordinators:

Thank you for trusting us with the care of your patients! Complete Sections 1 and 2 below. Then fax this form, along with the patient's 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 child: _____

Preferred Phone Numbers: Home: _____ Cell: _____

Diagnosis/Complaint: _____

Preferred Office: ___Monroe ___Charlotte (Arboretum) ___Indian Land ___First Available

Preferred Physician: ___First Available ___Daniel Gerry, MD ___Matthew Gillihan, MD

___William McClelland, MD ___Karen Greene, PA-C ___Natalie Macknet, FNP-C

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 ___ Indian Land ___

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

Arboretum
8035 Providence Road, #320
Charlotte, NC 28277

Monroe
1107 Reynolds Street
Monroe, NC 28112

Indian Land
7666 Charlotte Hwy., #220
Indian Land, SC 29707