



FARRAGUT
ENT & Allergy



The **BALANCE** and
HEARING INSTITUTE



KNOXVILLE
Center for Facial Plastic Surgery

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OFFICE LOCATIONS

FARRAGUT
DOWELL SPRINGS
ATHENS
SWEETWATER
BALANCE AND HEARING INSTITUTE

REFERRAL FORM

PATIENT NAME: _____ DOB: _____
ADDRESS: _____
PRIMARY PHONE #: _____ SECONDARY #: _____
EMAIL: _____
PRIMARY INS: _____ SECONDARY INS: _____

REASON FOR REFERRAL:

- | | |
|--|---|
| <input type="radio"/> ENT CONSULT | <input type="radio"/> ALLERGY TESTING |
| <input type="radio"/> AUDIOLOGY EVALUATION | <input type="radio"/> FACIAL PLASTICS CONSULT |
| <input type="radio"/> DIZZINESS/BALANCE ISSUES | <input type="radio"/> FACIAL RECONSTRUCTION CONSULT |
| <input type="radio"/> BALLON SINUPLASTY | <input type="radio"/> OTHER: _____ |

REFERRING PROVIDER: _____
OFFICE NAME: _____
ADDRESS: _____
PHONE #: _____ FAX #: _____
STAFF MEMBER COMPLETING FORM: _____
EMAIL TO SEND SCHEDULING UPDATES (IF APPLICABLE): _____

PLEASE FAX REFERRAL INCLUDING A COPY OF INSURANCE CARD TO 865.966.0942.
WE ARE NOW ACCEPTING REFERRALS VIA EMAIL, PLEASE SEND TO FARRAGUTENTINFO@GMAIL.COM

OFFICE USE ONLY:

APPOINTMENT DATE/TIME: _____
OFFICE LOCATION: _____ PROVIDER: _____
SCHEDULED ON: _____ BY: _____