

**FOR INTERNAL USE ONLY**

Acct: _____ Date: _____

Arrive @: _____ Tyler Longview

Audio: _____ Appt Time: _____

NEW PATIENT REFERRAL FORM

Referring Doctor: _____ Practice Name: _____

Office Contact: _____ Phone: _____

Our providers in Tyler are Timothy Dale, MD, Daniel Glass, MD, Monica Hardee, MD, Brian Langford, MD, Andrew Lehr, MD, Michael Lewis, MD, and Jessica Hefner, MSN, RN, FNP-C.

Our providers in Longview are Timothy Dale, MD, and Brian Langford, MD.

Patient First and Last Name: _____ DOB: _____

Parent/Guardian/Spouse Name: _____ DOB: _____

Patient's Best Contact Number: _____ Work Home Cell**Reason For Referral:** _____

PLEASE PROVIDE ALL APPLICABLE MEDICAL RECORDS, CT/MRI FILMS AND A COPY OF THE PATIENT'S INSURANCE CARD (BOTH SIDES) BY FAX, MAIL OR DELIVERY.

FAX to 903-595-3304.

MAIL or DELIVER to ENT Associates of East Texas, 1136 E Grande Blvd., Tyler, TX 75703.

Referral Required? Y N

Please contact me with the appointment information. Referring Provider Fax: _____

THANK YOU for your referral!