OTOLARYNGOLOGY- HEAD & NECK SURGERY

William E. Barfield III, M.D.
R. Tyson Deal, M.D.
J. Douglas Harmon, M.D.
James F. Kimbrough, M.D.
Jonathan P. Lindman, M.D.
R. Glen Owen, Jr. M.D.
Edward A. Porubsky, M.D.
Christopher L. Vickery, M.D.
W. Andrew Wells, M.D.
Alan B. Whitehouse, M.D.

AUGUSTA ENT
ear • nose • throat

Referral Form

Referring Physician _____ Fax _____ Refer To _____

Day Preference _____ ☐ AM ☐ PM Location Pref: ☐ Evans ☐ University

Patient Name _____ DOB _____ ☐ Male ☐ Female

SSN _____ Home Phone _____ Cell/ Wk Phone _____

Patient Address _____ City _____ State _____ Zip _____

Parent/Guarantor _____ DOB _____ SSN _____

Address (if different) _____ City _____ State _____ Zip _____

Insurance Company _____ ID # _____

Group # _____ Co-Pay (Specialist) _____

Claims Address _____ City _____ State _____ Zip _____

Policy Holder's Name _____ DOB _____

Address (if different) _____ City _____ State _____ Zip _____

Reason for Visit _____

Appointment Date _____ Time _____ Location ☐ Evans ☐ University

*** Please note Spanish-speaking patients need to be scheduled in the Evans office. ***
Los pacientes que habla Español necesitan citas en la oficina de Evans.

340 N. Belair Road
Evans, Georgia 30809

1303 D'Antignac St.
POB 4, Suite 1000
Augusta, Georgia 30901

706.868.5676 fax: 706.868.5671 toll free: 1.800.801.9125