



# EAR NOSE & THROAT SPECIALTIES P.C.

5055 A Street , Suite 300  
Lincoln, NE 68510  
Phone #: (402) 488-5600  
Fax #: (402) 488-7649  
entspecialties.com

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number/Contact Information: \_\_\_\_\_

Patient's Insurance Plan: \_\_\_\_\_

Patient's preferred language: \_\_\_\_\_

Reason for Referral/Diagnosis: \_\_\_\_\_

Does the patient need to see an audiologist?  Yes  No

To assist our schedulers and streamline the scheduling process,  
please include the following documents with your referral:

- Patient Demographics + Insurance Card
- Current list of medications
- Office notes (pertaining to the reason for referral)
- Labs (recent & pertaining to the reason for referral)
- Diagnostic Testing (such as CT, US, or MRI)
- Completed referral form

Referring Provider: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Schedule as:  Urgent  First Available

Physician Preference: (Please check one or more!)

- Any provider
- |  |  |
|--|--|
| <input type="checkbox"/> Rebecca Bowen, M.D.     | <input type="checkbox"/> Christopher Cederberg, M.D. |
| <input type="checkbox"/> Nichole Hejtmanek, D.O. | <input type="checkbox"/> Royce Mueller, M.D.         |
| <input type="checkbox"/> Benton Nelson, M.D.     | <input type="checkbox"/> Kate Rosenberger, M.D.      |
| <input type="checkbox"/> Dana Wolfe, M.D.        | <input type="checkbox"/> PA                          |

Please fax this completed form to (402) 488-7649.

Thank you for your referral! ☺