



**Southern
ENT**

For Office Use: Urgency: _____ Date Scheduled: _____ Appt: _____ Physician: _____
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New Patient/Consult Request Form

Please Select Preferred Location (circle one):

- | | | | | | | |
|---|---|---|---|--|---|--|
| Thibodaux Office
604 N. Acadia Rd.
Ste. 101 Thibodaux, LA
(P) 985-446-5079
(F) 877-795-9281 | Houma Office
5040 W. Main St.
Ste. #2 Houma, LA
(P) 985-857-8838
(F) 877-796-4339 | Morgan City Office
1231 Kenneth Dr.
Morgan City, LA
(P) 985-384-9440
(F) 877-684-9502 | Raceland Office
4425 Hwy 1
Raceland, LA
(P) 985-537-7546
(F) 877-796-4306 | New Iberia Office
2308 E. Main St.
Ste. B New Iberia, LA
(P) 337-369-3683
(F) 877-796-6140 | Opelousas Office
3935 I-49 S. Service Rd.
Opelousas, LA
(P) 337-594-6002
(F) 888-491-1354 | Youngsville Office
1516 Chemin Metairie Rd.
Ste. A-1 Youngsville, LA
(P) 337-369-3683
(F) 888-540-0727 |
|---|---|---|---|--|---|--|

Today's Date: _____

Patient Name: _____ DOB: _____ SS#: _____

Address: _____ Patient Contact Number(s): _____

Main Contact/Guardian/Caregiver: _____

Insurance: _____

Referring Physician: _____ NPI/UPIN#: _____

Primary Care Physician: _____ Office Number: _____

Referring Office Contact Number: _____ Fax: _____

Diagnosis with ICD-10/Reason for Referral/Consult: _____

Preferred Provider (If Requested): _____

(If This Request Is Authorized By Workman's Comp Please Have W/C Carrier, Claim #, Adjuster, Phone #, Authorization/1010)

** Please fax the following documents with Referral Request Form:

- **Patient Demographics**
- **Insurance Card(s)** – Front and Back
- All clinical info that pertains to the reason for the referral/consult. **(Progress notes, medication lists, lab results, radiology reports, audiological reports, etc.)**
- **Any radiology imaging please have patient bring copies on a disc.**

** Once **ALL** of the required information is received via fax, our staff will review insurance and clinical information before scheduling an appointment. Our office will contact the patient within 2-3 business days to schedule an appointment with requested physician. If our office has not contacted patient within 2-3 business days, please contact our office to verify our staff has received referral request form via fax. **For urgent/emergency referrals, contact our office immediately.** **

J. Vance Broussard, MD
 Justin M. Tenney, MD
 Jason R. Trahan, MD

Michael R. Robichaux, Sr., MD
 Jacques E. Gaudet, MD
 Melissa Bascle, FNP-C

Guy P. Zeringue III, MD
 Nicholas C. Sorrel, MD
 Mary Cheramie, FNP-C