



SHEA EAR CLINIC

EAR, NOSE AND THROAT

6133 POPLAR PIKE

MEMPHIS, TN 38119

PHONE: (901) 761-9720 / FAX: (901) 683-8440

PHYSICIAN REFERRAL FORM

Refer to (please mark one) _____ **Dr. John Emmett**
_____ **Dr. Greg Staffel**
_____ **Dr. Paul Shea**
_____ **Dr. Christopher Hall**
_____ **Dr. Victoria Lim**
_____ **Any Physician**

Referring Physician's Name _____

Referring Physician's Street Address _____

Referring Physician's City, State, Zip _____

Referring Physician's Telephone Number _____

Referring Physician's Fax Number _____

Referring Physician's Staff Person to Contact _____

Reason For Referral / Consultation _____

Patient's Name _____ Date of Birth _____

If Patient Is A Minor, Name of Parent or Guardian _____

Patient's Street Address _____

Patient's City, State, Zip _____

Patient's Home Telephone Number _____

Patient's Cell Phone Number _____

Patient's Primary Insurance Carrier _____

Patient's Secondary Insurance Carrier _____

*******PLEASE NOTE!** If the insurance plan requires a referral from the Primary Care Physician, it is the patient's responsibility to secure a referral prior to scheduling an appointment with our office.