



# SHEA CLINIC EAR NOSE & THROAT

6133 POPLAR PIKE  
MEMPHIS, TN 38119  
PHONE: (901) 761-9720 / FAX: (901) 680-1992

## PHYSICIAN REFERRAL FORM Fax To: 901-680-1992

Refer to: \_\_\_\_\_ Dr. Greg Staffel \_\_\_\_\_ Dr. Victoria Lim  
\_\_\_\_\_ Dr. Paul Shea (Ears only) \_\_\_\_\_ Kathryn King, NP  
\_\_\_\_\_ Dr. Christopher Hall \_\_\_\_\_ Any Physician

**Referring Provider:**

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Referring Staff Person to Contact: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**Patient Information: (or include demographic and insurance information with fax)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

**NOTE: If the insurance plan requires a referral from the Primary Care Physician it is the patient's responsibility to secure the referral prior to scheduling an appointment.**

Please feel free to fax demographic, insurance, and medical information

**Fax To: 901 680-1992**