



Ear, Nose Throat & Plastic Surgery Associates, P.C.

3455 Regency Park Drive – Grand Blanc, MI – 48439

Phone: (810) 694-0600 Fax: (810) 603-3152

NEW PATIENT INTAKE FORM

Please send completed form, visit notes & all related diagnostic testing (CT, MRI, Pathology, Sleep Study, etc.) to (810) 603-3152. We cannot schedule your patient without this information.

Patient Information			
Patient Name: (First – Middle - Last)		Sex:	Date of Birth:
Email Address:		Social Security #:	
Address: (Street, City, State, Zip)		Home Phone #:	
		Cell Phone #:	
<input type="checkbox"/> Pt is a minor. Parent/Guardian:		Work Phone #:	
Insurance Info			
Primary Insurance:		Contract/Cert #:	
Card Holder's Name:		Card Holder's DOB:	
Secondary Insurance:		Contract/Cert #:	
Card Holder's Name:		Card Holder's DOB:	
Provider Info			
Referring Physician:		Primary Care Physician: <i>(if different than Referring)</i>	
Phone #:	Fax #:	Phone #:	Fax #:
Reason for Consultation (be specific):			
If STAT or ASAP, send supporting documentation so we know how to best schedule your patient.			

Do you have a preference for one of our ENT Specialists?

First Available Physician

Wayne Robbins, DO

Steven Reschak, DO

Monika Chmielewska, DO

Cynthia Hayes, DO

Audiologist

Hearing Test Only

We will send back a fax confirmation with your patient's appointment info and a referral request, if needed.

THANK YOU!