



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

3455 Regency Park Drive – Grand Blanc, MI – 48439 P: (810) 694-0600

## NEW PATIENT INTAKE FORM

Fax: 810-603-3152

PATIENT INFORMATION		PLEASE PRINT CLEARLY!	
Patient Name: (First – Middle - Last)		Sex:	Date of Birth:
<input type="checkbox"/> Patient is a minor. Parent/Guardian Name:			
Email Address:		Social Security #:	
Address: (Street, City, State, Zip)		Home Phone #:	
		Cell Phone #:	
INSURANCE INFO			
Primary Insurance:		Contract/Cert #:	
Subscriber's Name:		Subscriber's DOB:	
Secondary Insurance:		Contract/Cert #:	
Subscriber's Name:		Subscriber'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 <b>STAT</b> , please call to schedule. If <b>ASAP</b> , send supporting documentation (CT, MRI, labs, pathology, sleep study, etc) so we know how to best schedule your patient.			

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

First Available Physician

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.

Please initiate a referral if required by insurance. **THANK YOU!**