



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. Brian McKinnon**
_____ **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.**