



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) _____ Dr. Asif Ahmed
_____ Dr. Christopher Hall _____ Kathryn King, NP
_____ Any Provider

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