



ENT & Audiology

A Department of Rutland Regional Medical Center

Oto-Rhino-Laryngology, Allergy, Head & Neck Surgery

Monday – Friday, 8am–5pm

Rutland: 802.775.3314

East Dorset: 802.366.8195

Toll Free: 800.639.7014

REFERRAL FORM

Rutland – FAX to: (802) 775-9617

East Dorset – FAX to: (802) 366-8277

Name: _____ DOB: _____ SSN: _____
(last 4 digits)

Address _____

Male/Female ...if child, Parent/Guardian: _____ Preferred phone: _____

Primary Insurance Name: _____ Policy # _____ Group # _____

Secondary Insurance Name: _____ Policy # _____ Group # _____

IMPORTANT INFORMATION - Insurance: United Health Care (HMO) – Aetna – Medicare Advantage – AARP

Because of the above-referenced insurance's new guidelines, a referral from the patient's primary care physician to the insurance company needs to be submitted online prior to sending this referral in order for this referral to be completed. Please take the time to send the requested referral at your earliest opportunity and attach a copy with this referral request.

DIAGNOSIS/REASON FOR VISIT: _____

Must be included to schedule appointment.

AUDIOMETRIC Testing ordered. (*hearing testing*)

Preferred Office Location: Rutland East Dorset None Preferred

Date of Symptom Onset: _____ Acute Chronic x _____ mos wks

Referring Facility/Physician: _____

Referring Phone #: _____ Referring Fax #: _____

Primary Care Physician: (*If different from Referring Provider*): _____

****If URGENT appointment is required, call 802.775.3314 or 802.366.8195 to speak to a provider.**

Please fax all information relevant to your patient's visit with us.

Date _____ Time _____ Provider Signature: _____

ENT & Audiology Use Only:

Appointment Date: _____ Time: _____

Provider(s): _____ **ENT Staff to Return to Ref Provider via FAX.**

