Dr. G. Lee Watkins
Address: 1000 Chinaberry Drive, Suite 1103
Bossier City, LA 71111
Phone: (318) 716-1111 Fax: (318) 716-1112

Referral/Consultation Form

Patient Name: _____

Date of Birth: _____ Sex: [ ] Male [ ]Female

Address: _____

Parent/Guardian Name: _____

Preferred Phone Number: _____

Primary Insurance: _____ Policy#: _____ Group #: _____

Secondary Insurance: _____ Policy#: _____ Group #: _____

Referring Doctor: _____

Address: _____

Phone: _____ Fax: _____

Group NPI: _____

Individual NPI: _____

Diagnosis/Reason for Referral: _____

Comments: _____

_____

Master Summary List Attached: [ ]Yes [ ]No

Diagnostic Reports Attached: [ ]Yes [ ]No

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

Received Date: _____

Appointment Date: _____

Appointment Time: _____

Staff Signature: _____

ENT staff to return to referring provider via fax

Provider Signature **Date** **Time**