

WakeMed Garner Healthplex
 400 U.S. Highway 70 East
 Suite 202
 Garner, NC 27529
 Phone: 919-350-EARS
 Fax: 919-266-6713

PROVIDERS: (Please check if referring to a specific provider.)
 Allen Marshall, MD
 Stuart Ginn, MD
 Nathan Calloway, MD
 Next available appointment

WakeMed North
 Physicians Office Pavilion
 10010 Falls of Neuse Road
 Suite 305
 Raleigh, NC 27614
 Phone: 919-350-EARS
 Fax: 919-350-9812

PROVIDERS: (Please check if referring to a specific provider.)
 Michael Ferguson, MD
 Allen Marshall, MD
 Next available appointment

WakeMed Raleigh Campus
 3024 New Bern Avenue Suite 200
 Raleigh, NC 27610
 Phone: 919-350-EARS
 Fax: 919-350-9803

PROVIDERS: (Please check if referring to a specific provider.)
 Michael Ferguson, MD
 Allen Marshall, MD
 Stuart Ginn, MD
 Nathan Calloway, MD
 Gitanjali Fleischman, MD
 Lewis Overton, MD
 Next available appointment

WakeMed Apex
 120 Healthplex Way Suite 302
 Apex, NC 27502
 Phone: 919-235-EARS
 Fax: 919-235-6592

PROVIDERS: (Please check if referring to a specific provider.)
 Stuart Ginn, MD
 Nathan Calloway, MD
 Gitanjali Fleischman, MD
 Lewis Overton, MD
 Next available appointment

Request for Consultation

PATIENT DEMOGRAPHIC INFORMATION

Date: _____

Patient Name: _____ Date of Birth: _____ Gender: M F Race: _____

Address: _____ City/State/Zip: _____

Phone (Please circle preferred number) Home: _____ Cell: _____ Work: _____

If patient is less than 18 years, Guardian Name: _____ Guardian Date of Birth: _____

Guardian Email: _____

Does patient/family need an interpreter? No Yes If yes, please specify language _____

INSURANCE INFORMATION

Insurance Name: _____

Policyholder's Name: _____ Policyholder's Date of Birth: _____

Insurance Phone: _____ Policy Number: _____ Group Number: _____

Medicaid Authorization NPI: _____ Authorized Number of Visits: _____

REFERRAL INFORMATION Routine Urgent

Reason for Referral: _____

REFERRING PHYSICIAN INFORMATION

Name: _____

Practice Name (if applicable): _____

Address: _____

City/State/Zip: _____

Office Phone: _____ Fax: _____

Name of Person completing this form: _____

Please include with referral (all that are applicable)

- History/Office Notes
- Labs
- Imaging Studies (patient should bring films or CD)
- Other pertinent medical records

Thank you for referring your patient to WakeMed Ear, Nose & Throat - Head & Neck Surgery