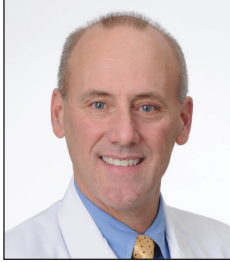


ENT, Head & Neck

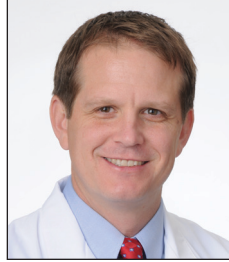
FirstHealth ENT, Head & Neck offers specialty services in Fayetteville, Raeford, Rockingham, Sanford and Troy.



Carl Berk, M.D.
(Montgomery, Lee)



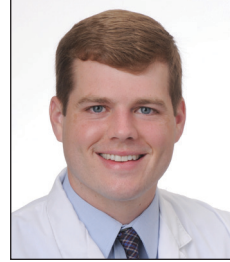
Deidra Blanks, M.D.
(Cumberland)



Matthew Grafenberg, M.D.
(Hoke)



Wyman McGuirt, M.D.
(Montgomery, Richmond)



Justin Miller, M.D.
(Richmond)



Steven Pantelakos, M.D.
(Cumberland)



Waldemar Riefkohl, M.D.
(Lee)



Shan Tang, M.D.
(Cumberland)



William Wiggs, M.D.
(Cumberland)



Thomas Brown, PA-C
(Cumberland)



Kara Delaney, Ph.D.
(Cumberland)



Heather Evans, AuD.
(Lee)



Anne Glashan, AuD.
(Montgomery)



Caroline Kinsey, AuD.
(Cumberland)



Hannah Olliff, AuD.
(Lee)



Courtney Post, AuD.
(Cumberland)



Leslie Whitlock, AuD.
(Richmond)

FirstHealth

WITH  PINEHURST SURGICAL CLINIC

ENT, HEAD & NECK

Cumberland
(910) 323-1463
1839 Quiet Cove
Fayetteville, NC 28304

Hoke
(910) 878-6730
6322 Fayetteville Road
Raeford, NC 28376

Lee
(919) 895-6340
2919 Beechtree Drive, Suite 2400
Sanford, NC 27330

Montgomery
(910) 571-5678
522 Allen Street, Ste. 203
Troy, NC 27371

Richmond
(910) 417-4096
809 S. Long Drive
Rockingham, NC 28379

ENT, Head & Neck

Referral/Consultation Verification

Pinehurst Surgical Clinic
300 Pavilion Way, Suite 202 • Southern Pines, NC 28387 • 910-295-6831

Today's Date: _____ Patient Name: _____

Responsible Party _____

SSN: _____ SSN: _____

Patient's Address: _____ Patient's Phone Number: _____

_____ Patient's Alt. Phone Number: _____

_____ Patient's Insurance: _____

Male Female

Insurance Authorization #: _____

Appointment Information Needed:

Nature of Problem: _____

Labs, xrays, test performed? Yes No

If yes, what type? _____

Urgency of Appointment: ASAP 1st Available

Referring Physician Name: _____

Telephone number where we may contact you: _____

Appointment referral confirmation fax number: _____

Requested Provider: _____

Requested Department: _____

If requested provider is unavailable, may we schedule patient for 1st available provider:

Yes No

Consult:
Opinion or advice sought on patient diagnosis/condition/treatment
Diagnostic or therapeutic treatment may be initiated subsequent to opinion

Referral:
Transfer of care for management of patient
(total care or transfer of care for specified diagnosis/condition/signs & symptoms)

Referring Provider Contact

Scheduler Name _____

Telephone _____

Fax Completed Referral Form to 910-235-2734