Michigan Otolaryngology & Comprehensive Hearing Center

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Consult Request Form: Fax completed form to (810) 695 - 9881

LOCATION	☐ Grand Blanc ☐ Lapeer
FROM	Referring Physician: _____
PATIENT INFORMATION	Name: _____ (Last) (First) DOB: _____ Misys Number: _____
REASON FOR CONSULT	

For Michigan Otolaryngology Staff Use Only

Patient Appointment Confirmation:

Date: _____ Returned Fax Date: _____

Time: _____ Initials: _____

Referral Codes Request For Scheduled Visit:

_____ _____ _____

_____ _____ _____