



New Patient ENT Referral

Referral Coordinators:

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Patient Information	
<i>*Required information needed to complete referral request</i>	
<p>*Name: _____ <i>last, first, middle initial</i></p> <p>*Parent/Guardian: _____</p> <p>*DOB: ___/___/___ *Gender: <input type="checkbox"/>M <input type="checkbox"/>F <i>if minor</i></p> <p>*SSN: _____ - _____ - _____ <i>please include for all patients if available</i></p> <p>Email: _____</p>	<p>*Address: _____ <i>Street address</i></p> <p>*City: _____ State: _____ ZIP: _____</p> <p>*Phone:</p> <p>home: _____</p> <p>cell: _____</p> <p>work: _____</p>
<p>*Primary Insurance: _____</p> <p>*Insurance ID number: _____</p> <p>*Policy Holder Name: _____</p> <p>*Policy Holder DOB: ___/___/___</p>	<p>*Secondary Insurance: _____</p> <p>*Insurance ID number: _____</p> <p>*Policy Holder Name: _____</p> <p>*Policy Holder DOB: ___/___/___</p>

**Please include front and back copy of insurance card, all medical records pertaining to referral, and if the patient's insurance requires a referral, please fax/email the referral information to our office prior to the patient's appointment with us.*

Referral Information	
<i>*Required information needed to complete referral request</i>	
<p>*Referring Physician: _____</p> <p>*Office: _____</p> <p>*Diagnosis: _____</p>	<p>*Phone: _____</p> <p>*FAX: _____</p> <p><input type="checkbox"/> Urgent/Same Day <input type="checkbox"/> Next Available</p>
Appointment Information	
<i>*Please select the physician and location in which you wish the patient to be seen if left blank, appointments will be made with the first available physician closest to their address.</i>	
<p>Scheduled Appointment Time/Date: _____</p> <p><input type="checkbox"/> Confirmed with Patient/Family member: _____ <input type="checkbox"/> Unable to reach patient/No VM set up <i>If confirmed w/family member please indicate relationship</i></p> <p><input type="checkbox"/> Pending appointment due to account status, Pt was made aware. <input type="checkbox"/> Left message for pt with appointment details</p>	

Physician:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Robert Puchalski, MD. | <input type="checkbox"/> Macy Vidrine, MD | <input type="checkbox"/> Nikki Emani, MD. | <input type="checkbox"/> Joseph Sciarrino, MD |
| <input type="checkbox"/> Natalie Sciarrino, MD. | <input type="checkbox"/> Brian Boone, MD | <input type="checkbox"/> Jacob Ossoff, MD | <input type="checkbox"/> Mariangela Rivera, MD |
| <input type="checkbox"/> Valerie Fritsch, MD | <input type="checkbox"/> Audiology only | | |

Location:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 110 Highland Center Dr.
Columbia SC, 29203
(Northeast) | <input type="checkbox"/> 100 Palmetto Health Pkwy, Suite 200
Columbia SC, 29212
(Irmo) | <input type="checkbox"/> 15 Exchange Dr.
Lugoff SC, 29078
(Lugoff) | <input type="checkbox"/> 1 Medical Park Dr.
Building 3, Ste B
Chester SC, 29706
(Chester) |
| <input type="checkbox"/> 3 Medical Park Dr. Ste 100
Columbia SC, 29203
(Downtown) | <input type="checkbox"/> 880 West Moultrie St., Ste 1
Winnsboro SC, 29180
(Winnsboro) | <input type="checkbox"/> 26 Wesmark Ct.
Sumter SC, 29150
(Sumter) | |