



# Goshen Physicians

ENT New Patient Referral Form  
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Alexa Liberi, MA, CCC-SLP

Please complete this form and fax it, along with all **pertinent medical records** (progress notes, imaging, labs, operative reports, etc.) along with a **copy of the patient's insurance card and demographics**.

**Patients will not be scheduled until we receive this completed form and medical records.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

SS#: \_\_\_\_\_

Insurance: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Primary Language: \_\_\_\_\_

Interpreter Needed: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Latex Allergy: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**REFERRING PROVIDER** \_\_\_\_\_

Reason for referral (with ICD-10 codes):

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Current Medications (including OTC):

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Allergies: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN FAX TO: (574) 534-2042

PHONE: (574) 534-2025

Office: 2012 S. Main Street Suite B, Goshen IN 46526