



INSPIRE
ENT & PULMONOLOGY
785-539-3504

ENT
Benjamin Pease, M.D.
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Pulmonology
Steven Short, D.O.
Avinash Singh, M.D.
Tanya Castor, PA-C

Audiology
Jamie Binns, Au.D.

Referral Request

Date _____

Patient Name _____ DOB _____ Male/Female

Contact Name (Ex: parent/spouse) _____ Phone Number _____

Insurance Company _____

Reason for Consult _____

Appointment Needed:

Routine

(Guaranteed appointment
within two weeks)

Urgent

(Guaranteed appointment
within one week)

**Please select the services requested*

	Physician Referral		Other Services (No physician appointment required)
<input type="checkbox"/>	ENT	<input type="checkbox"/>	Allergy Testing
		<input type="checkbox"/>	Hearing Test/Hearing Aid Services
<input type="checkbox"/>	Pulmonology	<input type="checkbox"/>	Complete Pulmonary Function Test
		<input type="checkbox"/>	PH Probe

Referring Physician _____

Office Phone _____ Office Contact (if needed) _____

Please include the following information

- Demographics Medication List
- Pertinent office notes, labs, X-Rays and other test results

Please fax this form to our dedicated referral line.

785-320-2835

Your patients will be contacted within **24 hours** of receipt of this referral sheet to schedule an appointment with one of our providers.