



INSPIRE
ENT & PULMONOLOGY
785-539-3504

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

Audiology
Ann Turk, 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.

For office use only:

Patient Scheduled _____ **Scheduled by** _____ **Unable to Reach** _____