ENT
CENTER OF THE OZARKS

R E F E R R A L F O R M

Thank you for allowing us to share in the care of your patient. Our office will promptly contact the patient to arrange an appointment. Please call our office at 479-750-2080 with any questions. **PLEASE FAX TO 479-750-2082.**

Please include last visit note, demographis & any labs or imaging.

Patient Name: _____

Patient Phone #: _____ Patient DOB: _____

Reason for Referral: _____

_____

Referring Physician Clinic and Dr: _____

Referring Physician Phone #: _____ Fax: _____

Special Instructions: _____

_____

PROVIDER PREFERENCE:

Felicia L. Johnson, MD
Kevin Lollar, MD, FACS, FAAOA
James Ragland, MD
Cory Vaughn, MD
Del Sloneker, MD

Brittany Akers, APRN
Dana Alexander, CPOP
Mary O'Brien, Au.D., CCC-A
Kelsey Siebenmorgen, Au.D., CCC-A
Amanda Star, Au.D., CCC-A

OUR OFFICES:

Fayetteville – 3344 Futrall Drive, Fayetteville, AR 72701
Rogers – 3730 S. Pinnacle Hills Parkway, Suite 1, Rogers, AR 72758
Springdale – 6823 Isaac's Orchard Road, Springdale, AR 72762
Head & Neck Cancer Clinic (Highlands) – 3901 Parkway Circle, Springdale, AR 72762