



CENTER OF THE OZARKS

## **REFERRAL FORM**

**Thank you very much** 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.**

Patient Name: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

Referring Physician: \_\_\_\_\_

Referring Physician Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

### **PROVIDER PREFERENCE:**

Felicia L. Johnson, MD, FACS  
Kevin Lollar, MD, FACS, FAAOA  
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Jared R. Spencer, MD, FACS  
Natasha Farnam, PA-C

Dana Alexander, CPOP  
Patti Crews, AuD, CCC-A  
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### **OUR OFFICES:**

**Bentonville** – 2900 Medical Center Parkway Suite 110, Bentonville, AR. 72712  
(Medical Plaza building, next to Northwest Medical Center)  
**Fayetteville** – 3344 Futrall Dr., Fayetteville, AR 72701  
**Siloam Springs** – 1101 N. Progress Ave. Suite 3, Siloam Springs, AR 72761  
**Springdale** – 6823 Isaac's Orchard Rd, Springdale, AR. 72762