



Sam Davis, MD
3930 Mezzanine Drive, Suite D
Lafayette, IN 47905
Phone: 765.807.2784
Fax: 765.807.2786
www.entlafayette.com

DIRECT ACCESS FAX REFERRAL FORM

Please complete this form and fax to 765.807.2786 with the patient's last office visit note, any recent lab results, and copies of all insurance cards. We will respond to your request within 24 hours after the patient has been contacted.

Patient Name _____ Male Female DOB ____-____-____

Address _____ SSN ____-____-____ Contact phone _____

Referring Physician _____ Phone _____ Fax _____

Insurance Company _____ ID# _____

Please check all indications for referral.

- Very Urgent
- Urgent
- Routine

Condition needing assessed by ENT _____

Other: _____