



**University of Texas Medical School at Houston
Department of Otorhinolaryngology-Head &
Neck Surgery**



713-486-5000 (voice)

713-383-1410 (fax)

www.ut-ent.org

CONSULTATION REQUEST FORM

Instructions: Please provide all available information and then fax the form back to us at 713-383-1410.

Name		DOB	Date
Other contact/parent		UTP IDX#	MH MRN
Telephone H	W	M	
Insurance company (primary) ID#		Group #	Telephone Fax
Insurance company (secondary) ID#		Group #	Telephone Fax
Appointment <input type="checkbox"/> Appointment scheduled. (Please specify date.) <input type="checkbox"/> Please call the patient to schedule the appointment.			
Surgeon <input type="checkbox"/> Alexander <input type="checkbox"/> Citardi <input type="checkbox"/> Fakhri <input type="checkbox"/> Ho <input type="checkbox"/> Karni <input type="checkbox"/> Luong <input type="checkbox"/> Roy <input type="checkbox"/> Weinstock <input type="checkbox"/> Yuksel			
Specialty Area <input type="checkbox"/> General ENT <input type="checkbox"/> Facial Plastics <input type="checkbox"/> Head & Neck (Cancer, Thyroid) <input type="checkbox"/> Laryngology (Voice, Swallowing) <input type="checkbox"/> Pediatric ENT <input type="checkbox"/> Rhinology (Nose/Sinus) <input type="checkbox"/> Other (Specify)			
Patient History (Reason for Consult)			
Imaging <input type="checkbox"/> Yes Details <input type="checkbox"/> No			
Requesting Physician Name			Date
Address Street		City	State Zip
Telephone		Fax	



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Specialty Institutes



Texas Sinus Institute
www.texassinus.org



Texas Skull Base Institute
www.texasskullbase.org



Texas Voice Performance Institute
www.texasvoice.org

Fax Back Service

Please fax your consult request to us, and we will contact the patient to schedule his appointment to see us.

Contact Information

713-486-5000 (voice)
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Web

www.ut-ent.org
www.utorlupdate.org
www.orldprogressnotes.org