



**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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Martin J. Citardi, MD

Professor & Chair
Texas Sinus Institute
Texas Skull Base Physicians
Rhinology

Ronda Alexander, MD

Assistant Professor
Texas Voice Performance Institute
Laryngology

Amber Luong, MD, PhD

Assistant Professor
Texas Sinus Institute
Texas Skull Base Physicians
Rhinology

Samer Fakhri, MD

Associate Professor & Program Director
Texas Sinus Institute
Texas Skull Base Physicians
Rhinology

Soham Roy, MD

Associate Professor
Director of Pediatric Otolaryngology
Pediatric ENT

Tang Ho, MD

Assistant Professor
Facial Plastic & Reconstructive Surgery

Y. Etan Weinstock, MD

Assistant Professor
Head & Neck Surgery, Thyroid

Ron Karni, MD

Assistant Professor
General ENT, Head & Neck Surgery, Thyroid

Sancak Yuksel, MD

Assistant Professor
Pediatric ENT

Specialty Programs



Texas Sinus Institute
www.texassinus.org



Texas Voice Performance Institute
www.texasvoice.org

**Texas Skull Base Physicians
Facial Plastic & Reconstructive Surgery
Head & Neck Surgery
Pediatric ENT**

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

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Web

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