



New Patient ENT Referral

Direct Message: SCENT@allmedsdirectmail.com
Email: refcord@southcarolinaent.com
Phone: (803) 408-3277 ext: 8731 **Fax:** (803) 408-8698

Patient Information	
<i>*Required information needed to complete referral request</i>	
*Name: _____ <small style="text-align: center;">last, first, middle initial</small> *Parent/Guardian: _____ <small style="text-align: center;">if minor</small> *DOB: ___/___/___ *Gender: <input type="checkbox"/> M <input type="checkbox"/> F *SSN: _____ - _____ - _____ <small style="text-align: center;">please include for all patients if available</small> Email: _____	*Address: _____ <small style="text-align: center;">Street address</small> *City: _____ State: _____ ZIP: _____ *Phone: home: _____ cell: _____ work: _____
*Primary Insurance: _____ *Insurance ID number: _____ *Policy Holder Name: _____ *Policy Holder DOB: ___/___/___	*Secondary Insurance: _____ *Insurance ID number: _____ *Policy Holder Name: _____ *Policy Holder DOB: ___/___/___

**Please include front and back copy of insurance card, all medical records pertaining to referral, and if the patient's insurance requires a referral, please fax/email the referral information to our office prior to the patient's appointment with us.*

Referral Information
<i>*Required information needed to complete referral request</i>
*Referring Physician: _____ *Phone: _____ *Office: _____ *FAX: _____ *Diagnosis: _____ <input type="checkbox"/> Urgent/Same Day <input type="checkbox"/> Next Available
Appointment Information- <i>*Please select the physician and location in which you wish the patient to be seen if left blank, appointments will be made with the first available physician closest to their address.</i>
Scheduled Appointment Time/Date: _____ <input type="checkbox"/> Confirmed with Patient/Family member: _____ <input type="checkbox"/> Unable to reach patient/No VM set up <small style="text-align: center;">if confirmed w/family member please indicate relationship</small> <input type="checkbox"/> Unable to schedule due to account status <input type="checkbox"/> Left message for patient to call and schedule appointment

Physician:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Robert Puchalski, MD. | <input type="checkbox"/> Macy Vidrine, MD | <input type="checkbox"/> Nikki Emani, MD. | <input type="checkbox"/> Joseph Sciarrino, MD |
| <input type="checkbox"/> Natalie Sciarrino, MD. | <input type="checkbox"/> Brian Boone, MD | <input type="checkbox"/> Jacob Ossoff, MD | <input type="checkbox"/> Mariangela Rivera, MD |
| <input type="checkbox"/> Valerie Fritsch, MD | <input type="checkbox"/> Audiology only | | |

Location:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Lugoff
15 Exchange Drive
Lugoff, SC 29078 | <input type="checkbox"/> Irmo
690 Columbiana Dr. Ste. B
Columbia, SC 29212 | <input type="checkbox"/> Downtown Columbia
3 Medical Park Dr. Ste 100.
Columbia, SC 29203 | <input type="checkbox"/> Sumter
26 Wesmark Ct.
Sumter, SC 29150 |
| <input type="checkbox"/> Winnsboro
880 West Moultrie St. Ste 1
Winnsboro, SC 29180 | <input type="checkbox"/> Northeast Columbia
110 Highland Center Dr.
Columbia, SC 29203 | <input type="checkbox"/> Chester
1 Medical Park Dr., Bldg 3, Ste. B
Chester, SC 29706 | <input type="checkbox"/> Lexington
1223 South Lake Dr., Ste E
Lexington, SC 29073 |