

SCENT

ALLERGY & SLEEP MEDICINE

New Patient ENT Referral

Email: refcord@southcarolinaent.com
 Phone: (803) 408-3277 Fax: (803) 408-8698
 Direct Messaging: SCENT@allmeds.com

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

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"/> Ira David Uretzky, MD | |
| <input type="checkbox"/> Valerie Fritsch, MD | <input type="checkbox"/> Audiology only | | |

Location:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Lugoff
15 Exchange Dr.
Lugoff, SC 29078 | <input type="checkbox"/> Irmo
690 Columbiana Dr.
Suite B
Columbia, SC 29212 | <input type="checkbox"/> Downtown Columbia 3
Richland Medical Park Dr.
Suite 100
Columbia, SC 29203 | <input type="checkbox"/> Sumter
410 West Westmark
Sumter, SC 29150 |
| <input type="checkbox"/> Winnsboro
880 West Moultrie St.
Suite 1
Winnsboro, SC 29180 | <input type="checkbox"/> Northeast Columbia
110 Highland Center Dr.
Columbia, SC 29203 | <input type="checkbox"/> Chester
1 Medical Park Dr. Building
3, Suite B Chester, SC 29706 | <input type="checkbox"/> Lexington
1223 South Lake Dr.
Suite E
Lexington, SC 29073 |
| | <input type="checkbox"/> Hartsville
696 Medical Park Dr
Hartsville, SC 29550 | <input type="checkbox"/> Orangeburg
2221 St. Matthews Rd NE
Orangeburg, SC 29118 | |