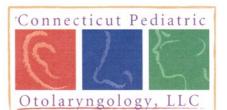
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New Patient Referral Form

- Please fax to any of the fax numbers above or email to <u>info@ctentkids.com</u>
- If it's urgent feel free to call us personally (numbers below)
- For more forms or cards call any of our offices
- You can also refer to us in **Epic**: select **Ambulatory Referral to Pediatric ENT** (just type in **REF72**), change Class to **External Referral**, and then select a provider from our group

Patient name:

Parent phone:

Parent address:

Insurance and ID#:

Referring provider:

Reason for referral / clinical info:

Call or Text us any time:

David	203-605-6728
Eric	203-605-5538
Rounak	908-720-8427

DOB: