FACIAL COSMETIC SURGERY
WINDSOR ENT

OTOLARYNGOLOGY – HEAD & NECK SURGERY
FACIAL COSMETIC SURGERY

www.WindsorENT.com

Referral Form

Patient Information	Referring Physician Information
Name: _____	Name: _____
DOB (MM/DDYY): _____	OHIP Billing #: _____
Address: _____	Signature: _____
City: _____	Office Phone: _____
Province: _____ Postal Code: _____	Office Fax: _____
Phone (1):_____ (2) _____	Family Physician (if different than above):
HC: _____ VC: ___	_____

NOTE: For URGENT appointments, referring physician to call the office and speak directly with Dr. Tietze or contact the ENT physician on call.

Reason for Referral

☐ **Sinus Issues/Septoplasty**	☐ **Cosmetic Rhinoplasty**
☐ **Recurrent Ear/Throat Infections**	☐ **Otoplasty/Ear Pinning**
☐ **Laryngeal Issues**	☐ **Blepharoplasty**
☐ **Vertigo/Hearing Loss**	☐ **Injectable Fillers**
☐ **Neck Mass/Thyroid/Parathyroid**	☐ **Botox**
☐ **Other** _____	_____
_____	_____
_____	_____

Patient's Other Conditions

- Referring physician to forward ALL pertinent prior diagnostic imaging/consult notes.
- Patient to bring a copy of hearing test with them to appointment for all ear issues.
- Patient to bring a list of their current medications to appointment.
- Please note that there is a $100 charge for EACH missed/cancelled consultation without at least 24 hours prior notification.

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