

3099 River Rd S., Suite 150
Salem, OR 97302

Phone: 503-581-1567
Fax: 503-399-1229

- First available ENT or the ENT that specializes in type of referral
- Clark Thompson, MD
- Bruce Johnson, MD, FAAOA
- Gary Nishioka, MD, DMD, FARS, FAAOA
- Joseph Allan, MD, FACS
- John Donovan, MD, FACS

Patient Name: _____ DOB: _____

Patient Phone: _____ Email: _____

Referring Dental Office: _____

REFERRING FOR THESE SERVICES

- Allergy Services
- Nasal and Sinus Conditions
- Snoring/Sleep Apnea/Sleep Study
- Swallowing Disorders/Hoarseness
- Thyroid/Parathyroid Disorders
- Tonsils/Adenoids/Mouth Breathing
- Oral Lesions / Biopsy: Location _____
- Skin Lesion Excision: Location _____
- Ear Disease / Infections
- Facial Nerve Disorders
- Facial Plastic Services
- Gastric Reflux (GERD)
- Head and Neck Masses
- Other _____

Additional Comments: _____

Insurance Company Requirements

We bill almost all insurance companies, but we cannot bill without a copy of your insurance card. Please bring your card with you to your appointment. If your plan requires a referral from your Primary Care Physician (PCP), we will need it at the time of appointment. Any co-pay must be paid at the time of visit. It is your responsibility to know your insurance requirements and condition for hospital or ambulatory surgery center admission. As a service to you, we preauthorize every surgery with your insurance company.

Appointment scheduled for: _____