

# Diseases of the Ears, Nose and Throat, Inc.

Otologic Surgery • Head and Neck Surgery • Endoscopic Sinus Surgery • Pediatric Surgery

Complete Audiologic Services • Dizziness

## Otolaryngologists

Timothy J. Nash, DO  
Timothy P. Drankwalter, DO

## Audiologists

Melinda L. Heater, AuD  
Audra H. Woods, AuD

## ENT Referral

Please fax completed form to (614) 759-8812

### Patient Information

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Guardian name (if minor) \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
Email \_\_\_\_\_  
Insurance \_\_\_\_\_ ID # \_\_\_\_\_

### Physician Preference

Timothy J. Nash, DO  Audiology  
 Timothy P. Drankwalter, DO  No preference

### Referring Physician

Referring Physician \_\_\_\_\_  
Office Contact Name \_\_\_\_\_  
Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_  
Reason for Referral \_\_\_\_\_ Diagnosis Code \_\_\_\_\_

● If the patient has had a **CT, MRI, or XRAY** that pertains to this appointment, please fax test results to us and have the patient bring the disk with them.

● Please fax **relevant notes/records** with this form

● Please include **referral** (if required) and a **copy of insurance card**

**Thank you and have a great day!**