

713-486-5000 (voice)

713-383-1410 (fax)

www.ent4.me

CONSULTATION REQUEST FORM

Instructions: Please provide all available information and then fax the form back to us at 713-383-1410.

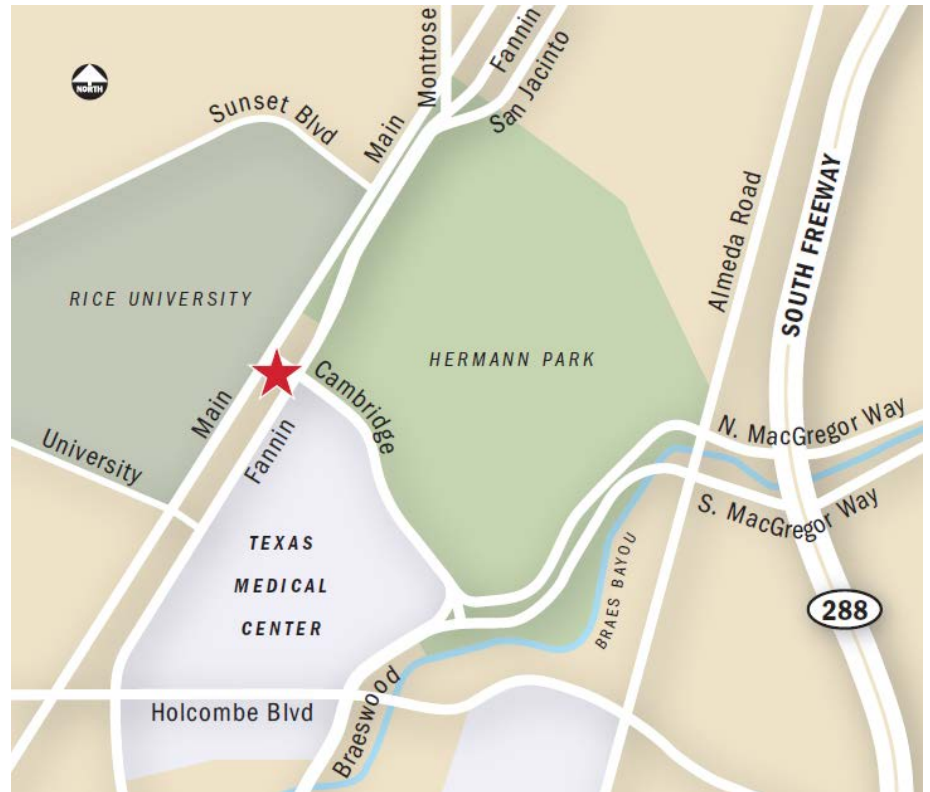
Name		DOB	Date
Other contact/parent		UTP IDX#	MH MRN
Telephone H	W	M	
Insurance company (primary)			
ID#	Group #	Telephone	Fax
Insurance company (secondary)			
ID#	Group #	Telephone	Fax
Appointment			
◇ Appointment scheduled. (Please specify date.)		◇ Please call the patient to schedule the appointment.	
Surgeon			
◇ Martin J. Citardi, MD		◇ Amber Luong, MD, PhD	◇ William Yao, MD
Specialty Area			
◇ Sinus		◇ Skull Base	
Patient History (Reason for Consult)			
Imaging			
◇ Yes Details			
◇ No			
Requesting Physician			
Name		Date	
Address			
Street		City	State Zip
Telephone		Fax	

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Location



Physicians

Martin J. Citardi, MD
Professor & Chair

Amber Luong, MD, PhD
Associate Professor

William Yao, MD
Assistant Professor

6400 Fannin Street
Suite 2700
Houston, TX 77030

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Texas Sinus Institute
www.texassinus.org

Texas Skull Base Physicians
www.texasskullbase.org