



# Mountain Regional Ear Nose & Throat, P.A.

F A C I A L   P L A S T I C   S U R G E R Y

## Patient Referral Request

John P. Pickens, M.D.

Otolaryngology –  
Head & Neck Surgery;  
Facial Plastic Surgery

Diplomate, American Board  
of Otolaryngology –  
Head and Neck Surgery

Audiology

Hearing Aids

Balance Testing

Date: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Practice: \_\_\_\_\_

Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Type: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

(for Mountain Regional use only):

Never Seen \_\_\_\_\_ Patient is in system \_\_\_\_\_ Last Seen \_\_\_\_\_

Contact attempts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Appointment Made \_\_\_\_\_

\_\_\_\_\_ **Unable to contact patient**

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