

## EAR, NOSE AND THROAT REFERRALS

Thank you for choosing St. Peter's Health Medical Group Ear, Nose and Throat! We look forward to partnering with you. Completing and submitting this referral sheet will help us provide the highest quality patient care. Please attach demographic information to this form and **fax all information to us at 406-495-6820.**

Please let us know the reason for your referral:     Urgent     Routine

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### We request the following supporting documents, if they exist:

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| <input type="checkbox"/> CTs and MRIs of Brain/Sinus/Neck/Chest done outside of St. Peter's Health (images on DICOM Formatted CD or pushed to our system) | <input type="checkbox"/> Pulse oximetry report       |
| <input type="checkbox"/> Sleep study report   | <input type="checkbox"/> All Audiograms              |
|   | <input type="checkbox"/> ENG/VNGs                    |
|   | <input type="checkbox"/> Recent Notes and OP Reports |

Please push all images to PACs at St. Peter's Health if able or mail DICOM Formatted CD. Our office will review all documents and imaging once received and your patient will be called to schedule.

Thank you again for choosing St. Peter's Health!

Best Regards,  
St. Peter's Health Ear, Nose and Throat