Ambulatory WeCare

Rhode Island Hospital
A Lifespan Partner

Rhode Island Hospital
2 Dudley Street
Cooperative Care Building (Coop) 1st Floor
Providence, RI 02903 Phone 401-444-5471 Fax: 401-444-4557
http://www.lifespan.org/rih/services/ambulatory/

ENT CLINIC

MR#

Please check the specific clinic/service requested:

- ☐ ENT/Adult Session Times: Tuesday Afternoon
- ☐ ENT/Pediatric Session Times: Thursday Afternoon

Patient's Name:
Address:
DOB: Sex:
SS#:
Interpreter Required Y N Language
Phone:
Insurance:

Date of Referral:
Requesting Physician:
Address:
Phone:
Fax:

PLEASE REVIEW THE FOLLOWING GUIDELINES AND INCLUDE THE REQUIRED INFORMATION WITH THE REFERRAL. *Please note that when required all blood-test results must accompany the referral. Patients with no insurance, in need of plain x-ray, may proceed to the Rhode Island Hospital (RIH) radiology department with an appropriate order from the referring clinician. US, CT, MRI must first be scheduled by the referring clinician and the patient must call 444-7850 to speak to a Patient Financial Services (PFS) advocate if they choose to seek financial assistance from RIH. Thank-you!*

ENT	Please follow the guideline below to facilitate patient care.
All REFERRALS:	Include pt's last PE, progress note for visit that generated referral, current med list, & pertinent labs.
Tinnutis, or Hearing Loss	Refer patient first for Audiogram & send progress note stating ear canals are clean
Sinusitis	Include Paranasal Sinus CT scan with referral Documentation of failed Antibiotics, Nasal Spray therapy for 3-6 month period.
Epistaxis	Sudden Onset- Refer to ER
Chronic Epistaxis	Results of CBC with diff, PTT, PTA, Platelet Count with referral
Odynophagia/Dysphagia/Horseness	On-going SX 3-4 weeks refer to clinic
Chronic tonsillitis	Considered to have occurred 3x's in calendar year requiring antibiotic therapy. Provide documentation.

Reason for Referral:

Signature: Print Name:

Clinic Use Only: Date Received: Coordinator Initials: RN Initials:

Appointment Given Patient Notified:

Triage Comments:

Signature: Print Name: