VANAN ENT + SINUS CENTER

DR. SURI VANAN, MD
ANDREW KLAUSING, PA-C
HEATHER OTT, APRN-CNP

Celina Location:
801 Pro Drive, Suite D4
Celina, OH 45822

Wapakoneta Location:
812 Redskin Trail, Suite B2
Wapakoneta, OH 45895

Phone: 419-586-6480

Fax: 419-586-4125

Referral Form

Date: _____

Referring Physician/Practice: _____

_____

Phone: _____ **Fax:** _____

Patient Information:

Name: _____ **DOB:** _____

Primary Phone: _____

Secondary Phone: _____

We will need the following information to accompany the referral: Provider office notes, Medical Imaging, Labs, Sleep Study Reports & other pertinent referral information. Insurance Companies often request PCP notes, results, and previous medication therapies regarding the reason for referral.

To ensure prompt treatment, we require the following information to be ordered prior to scheduling their appointment for the following conditions:

Sinusitis/Sinus Issues

IGS Protocol
CT scan of the Sinuses

Inspire

Sleep study completed within 24 months. BMI and CPAP intolerance

Any Ear/Hearing Issues

Audiogram & Tympanogram

Reason for Consultation: _____

☐ Routine ☐ Urgent

Date testing will be completed: _____ **Location testing will be completed:** _____

GRAND LAKE HEALTH SYSTEM

Mercer Health