



**EASTERN VIRGINIA  
EAR, NOSE & THROAT  
SPECIALISTS**

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Administrator – Lisa Okerlund  
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Stephanie R. Howard, M.A., CCC-A  
Stephanie M. Collins, Au.D., CCC-A  
Michael W. Lemay, Au.D., CCC-A  
Katie Derrenberger, AuD, CCC-A  
Bookkeeper - Betsey Granger

**Rapid FAX Referral Form**

Please fill out form completely. Missing information can result in scheduling delays for your patient.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Referring Physician: \_\_\_\_\_ Office Contact Person: \_\_\_\_\_

Referring Office Ph#: \_\_\_\_\_ Referring Office Fax#: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\*\*\*Please fax most recent office note and any diagnostic testing reports relating to reason for referral (i.e. MRI/CT/X-ray, Labs, Sleep Studies, etc.) to be reviewed prior to patient's arrival. A valid insurance referral must be in place and received prior to patient being seen. Please fax above information to (757) 547-0725 with this form as the cover sheet. Please feel free to contact our office with any questions at (757) 547-9714.

Your patient has been scheduled an appointment with Dr./NP/PA \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_ am/pm, at our office location circled below.

Chesapeake Office  
500 Independence Pkwy, Ste. 100  
Chesapeake, VA 23320

Virginia Beach Office  
361 Southport Circle, Ste. 100  
Virginia Beach, VA 23452

Harborview-Suffolk  
1037 Champions Way, Ste. 100  
Suffolk, VA 23435

Patient declined to schedule at this time.

Unable to reach patient. Messages have been left with no response from patient.