PREMIER MEDICAL
EYE • EAR • NOSE • THROAT

PHYSICIAN REFERRAL FORM

EYE:

- ☐ Stuart F. Ball, MD / E
- ☐ Stuart. R. Ball, MD / E P
- ☐ Jay A. Brown, MD / E D
- ☐ Ryan C. Burton, MD / E D F
- ☐ Sean M. Carter, MD / E D F
- ☐ Mark J. Douglas, MD / E D F
- ☐ Richard J. Duffey, MD / E
- ☐ Ronni Ferris-Metzger, OD / W D P
- ☐ John H. Friend, IV, MD / E P
- ☐ Curtis M. Graf, Jr., MD / W
- ☐ Joseph C. Harrell, OD / F
- ☐ Gregory R. Jackson, OD / E
- ☐ Charles F. Jones, MD / P
- ☐ Ben F. King, IV, OD / E D
- ☐ Alinda G. McGowin, MD / P
- ☐ Jeffery A. Morrow, OD / P
- ☐ Charles S. Mosteller, MD / W
- ☐ Matthew W. Mosteller, MD / W
- ☐ C. Drew Salisbury, MD / W
- ☐ H. Christopher Semple, MD / E D F
- ☐ William F. Stringer, Jr., OD / E D
- ☐ Andrew P. Terry, MD / W
- ☐ J. Ryan Turner, MD / D
- ☐ Valerie L. Vick, MD / E D F
- ☐ Christopher J. Walton, MD / W
- ☐ Timothy B. White, OD / D P
- ☐ Edmond Wright, MD / W P

ENT:

- ☐ Kent L. Burton, MD / E D
- ☐ Kimberly L. Elliott, MD / W D
- ☐ J. Mark Harrison, MD / W D
- ☐ B. Jake Johnson, MD / W D
- ☐ H. Brooks Lampkin, MD / W
- ☐ Michael R. Lee, MD / E D
- ☐ Andrea B. McMurphy, MD / E P
- ☐ Alfred Neumann, Jr., MD / W D
- ☐ Kacie R. Oglesby, MD / E D P
- ☐ William E. O'Mara, MD / D
- ☐ Jessica E. Southwood, MD / E D
- ☐ James R. Spires, Jr., MD / W
- ☐ Brian P. Sullivan, MD / E P
- ☐ Ron Swain, Jr., MD / E P
- ☐ Christopher G. Weeks, MD / W D

PREFERRED LOCATION:

- ☐ 2880 Dauphin Street - **EAST**
  EYE Fax: 251.470.8941
  ENT Fax: 251.470.8940
- ☐ 3701 Dauphin Street - **WEST**
  Fax: 251.445.7724
- ☐ 1302 US Hwy 98 - **DAPHNE**
  EYE Fax: 251.410.9201
  ENT Fax: 251.410.9200
- ☐ 610 Providence Park Drive / **ENT**
  Building 2, Suite 203
  Fax: 251.633.2179
- ☐ 610 Providence Park Drive / **Eye**
  Building 1, Suite 101
  Fax: 251.635.0924
- ☐ 1330 N. McKenzie St. / **Eye - FOLEY**
  Fax: 251.470.8941

Referring Physician: _____ Contact Person: _____

Physician Telephone Number: _____

Patient's Name: _____ D.O.B: _____

Patient's Telephone Number - Cell: _____Home: _____

Insurance: _____

Diagnosis:_____

_____

E – East **W – West** **D – Daphne** **P – Providence** **F – Foley**