



**CHRISTUS<sup>®</sup>  
SPOHN MEDICAL GROUP**  
South Texas ENT & Allergy

**Physician Consultation Request**

\* Please note our office will contact you within 24hours with an appointment date and time\*  
Please fax this form to 361.994.4890

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home #: (\_\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_\_) \_\_\_\_\_

Insurance/ID#/Group#: \_\_\_\_\_

Needs to be seen: *Immediately*    *2 days*    *1 week*    *Next available*    *Other:* \_\_\_\_\_

Diagnosis or Symptoms: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Referring Dr./Phone #/Fax#: \_\_\_\_\_

Please communicate via:    *Fax*    *Phone*

Appointment Request for:    *Kingsville or Corpus office? (Circle One)*

Appointment Request for:    *Dr. John Hammerick*    *Dr. Todd Weiss*    *Next available appt*