

ATTENTION: HEATHER WINGATE
FAX NUMBER: (912) 748-9495
NUMBER OF PAGES: _____

***Please note: This form is required for all patients to be seen by our Audiologist for
ALL AUDIOLOGIC TESTING AND PROCEDURES**

Date: _____ Completed by: _____

Patient Name: _____ Date of Birth: _____

Insurance Provider: _____ Phone Number: _____

Group Number: _____ Policy Number: _____

Parent/Guardian: _____ Phone: _____

Diagnosis Description and Code: _____

Referred To: **Coastal Audiology**
Dawn Hostetler-MacMillan, M.S., CCC-A
138 Canal Street, Suite 108
Pooler, GA 31322
(912) 748-9494 Phone
(912) 748-9495 Fax

UPIN: Q37332
REF: 700682894
NPI: 1710988472
Tax ID#: 20-1328979

To be completed by referring physician's office

Physician Referring: _____ Phone: _____

Referral Number: _____ Referral Date: _____

Referral Expiration: _____

Please complete the following:

UPIN: _____

REF: _____

NPI: _____