

NEW PATIENT MEDICAL RECORDS REQUEST

Phone: 205-801-7801, option 3 • Fax: 205-801-7802

(PLEASE CHECK ONE)

- | | | |
|--|--|--|
| <input type="checkbox"/> Garima Agarwal, MD | <input type="checkbox"/> Benjamin Greene, MD | <input type="checkbox"/> Jaimee Sandlin, PA |
| <input type="checkbox"/> Edwyn Boyd, MD | <input type="checkbox"/> Matthew "Reid" Hale, NP | <input type="checkbox"/> Mikael Saway, NP |
| <input type="checkbox"/> Carly Bramel, PA | <input type="checkbox"/> Edie Hapner, PhD, CCC-SLP | <input type="checkbox"/> Allison Seamon, PA |
| <input type="checkbox"/> Do-Yeon Cho, MD | <input type="checkbox"/> Hope Hovey, NP | <input type="checkbox"/> Blake Simpson, MD |
| <input type="checkbox"/> Artemus Cox III, MD | <input type="checkbox"/> Eleanor Howell, PA | <input type="checkbox"/> Amalee Smith, PA |
| <input type="checkbox"/> Kacy Dunaway, NP | <input type="checkbox"/> Hari Jeyarajan, MD | <input type="checkbox"/> Carissa Thomas, MD, PhD |
| <input type="checkbox"/> Andrew Fuson, MD | <input type="checkbox"/> Jonathan Kelly, PA | <input type="checkbox"/> Erika Walsh, MD |
| <input type="checkbox"/> Kristi Gidley, PA | <input type="checkbox"/> Katherine Kent, NP | <input type="checkbox"/> Kirk Withrow, MD |
| <input type="checkbox"/> Jessica Grayson, MD | <input type="checkbox"/> Susan McCammon, MD, PhD | <input type="checkbox"/> Brad Woodworth, MD |
| | <input type="checkbox"/> Glenn Peters, MD | |

Patient's Name: _____ DOB: _____

Primary ENT Diagnosis: _____

Referring Physician: _____ Phone: _____

Email: _____ Fax: _____

Contact regarding records: _____ Phone: _____

Please send ENT-relevant records and scans immediately. Medical records are required to thoroughly assess, evaluate, and treat patients. It is essential that we have adequate time to review and scan records into the system. **(Failure to provide records/scans in a timely manner may result in rescheduling your patient's appointment.)**

ONLY SEND RECORDS AND SCANS THAT ARE RELEVANT TO THE ENT DIAGNOSIS.

- H&P (most recent) related to ENT referral
- Operative note/s related to ENT referral
- ALL pathology report(s) related to ENT referral
- Head/neck imaging (most recent within 1 year) including:
 - CT neck PET imaging Thyroid/neck ultrasound Head/neck MRI Nuclear medicine study
- Swallow studies, if related to ENT referral
- Sleep studies (within last 3 years)
- Audiogram/vestibular testing (most recent)
- Prior radiation/chemo treatment notes

INSTRUCTIONS FOR SENDING:

- **Records (including pathology and imaging reports)** – Fax to 205-801-7802
- **Pathology slides** – Mail to UAB Hospital Pathology, 1802 6th Ave. S., Room 3518, North Pavilion, Birmingham, AL 35249
- **Images/disks** – Upload images electronically or call 205-801-7801, option 2 for instructions.

1155 Faculty Office Tower • 510 20th Street South
Mailing Address: FOT 1155 • 1720 2nd Avenue South • Birmingham, AL 35294-3412
Phone: 205-801-7801 • Fax: 205-801-7802 • uab.edu/medicine/otolaryngology