

J. Eugene McMurry, Jr., M.D., F.A.C.S.  
S. Elizabeth vonBiberstein, M.D., F.A.C.S.  
George M. Brinson, M.D.  
Stuart M. Hardy, M.D.  
Todd A. Stugart, FNP-BC  
Julie Grgurevic, M.S., F-AAA, CCC-A  
Julie L. Miller, M.A., F-AAA  
Lindsey P. Richard, Au.D., CCC-A



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ASSOCIATES

www.wilmingtonent.com

**MAIN OFFICE:**  
2311 Delaney Avenue  
Wilmington, NC 28403-6012  
Phone: 910-762-8754  
Fax: 910-762-0778

**PORTERS NECK OFFICE:**  
8068 Market Street  
Wilmington, NC 28411-9384  
Phone 910-681-1488  
Fax 910-681-1490

**Referral Form**

If referring a patient by fax, please complete this form and fax the form along with the patient's last office note, any recent tests/labs and any other information related to their medical problem. Also, if a CT or MRI has been performed please have the patients bring films/discs to the office on the day of their appointment.

Referring Office: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Office Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Date: \_\_\_\_\_ NPI#: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Group/ Plan #: \_\_\_\_\_

Auth #: \_\_\_\_\_ Carolina Access # (if applicable): \_\_\_\_\_

**Physician Requested:**

_____ Dr. J. Eugene McMurry	_____ Todd Stugart, FNP-BC
_____ Dr. Sarah (Betsy) von Biberstein	_____ 1 <sup>st</sup> Available
_____ Dr. George Brinson	_____ Audiology/Hearing Aid Dept.
_____ Dr. Stuart Hardy	_____ Allergy Dept.

**Location Requested:**

\_\_\_\_\_ 2311 Delaney Avenue \_\_\_\_\_ 8068 Market Street

Problem: \_\_\_\_\_

**Your patient has been contacted by our office:**

Appointment Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ am / pm MD: \_\_\_\_\_

Your patient was unable to be contacted. Last call date attempted: \_\_\_ / \_\_\_ / \_\_\_

Scheduler's Name: \_\_\_\_\_ If you have any questions please call (910) 762-8754

**Fax all records to (910) 762-0778**