

**EVERGREEN SINUS CENTER  
Kenneth D. Faw MD**

**New Patient Consultation Form**

To my referring physicians- the new guidelines for consultations require us to have written referrals on file. If you have referred this patient to me for my opinion and advise and would like me to return the patient to you for your continued management, please complete this form and fax it back to me at the number shown at the bottom of this form. If you have not referred this patient for my opinion and advise, please indicate that by writing "no consult" on the form and fax it back.

Thank You

Date: \_\_\_\_\_

Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Evergreen Sinus Center appointment date and  
time: \_\_\_\_\_

I am referring this patient for your opinion and advice concerning the following medical  
issues:

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

I am sending medical records with the patient

I am faxing medical records

Please Fax this form to **425.899.3844**  
Retain a copy of this form for your files