THE ENT, VOICE & SNORING CLINIC

DOCTOR REFERRAL FORM

FOR PATIENTS (or Affix Patient Label)

Name (as in NRIC)

Identification / Passport No.

Postal Address

Contact Number

FOR CLINIC (or use Clinic Stamp)

Physician's Clinic Name

Clinic Address

Contact Number

Email Address

THE ENT, VOICE & SNORING CLINIC
3 Mount Elizabeth, Suite 12-13
Mount Elizabeth Medical Centre
Singapore 228510

DR HAN HONG JUAN
Consultant ENT Surgeon

MBBS (Singapore), MRCS (Edinburgh), MMED (ORL), FAMS (ORL)

Tel: (65) 6235 6733
Fax: (65) 6235 9733
Mobile: (65) 9655 2721

Email: drhan@entvoicesnoring.com

www.entvoicesnoring.com

Please choose one or more reasons for referral.

GENERAL

- ☐ Tonsil & Adenoid Enlargement
- ☐ Acute/Recurrent Tonsillitis
- ☐ Bad Breath (Halitosis)
- ☐ Chronic Cough
- ☐ Mouth Ulcers
- ☐ Elevated EBV/Tumour Markers
- ☐ Family History of Nasopharyngeal Cancer

VOICE

- ☐ Prolonged Hoarseness
- ☐ Laryngitis
- ☐ Swallowing difficulties
- ☐ Globus Sensation
- ☐ Throat Discomfort
- ☐ Frequent Throat Clearing
- ☐ Laryngopharyngoreflux (LPR)

EAR

- ☐ Ear Wax
- ☐ Ear Pain (Otalgia)
- ☐ Ear Infections (Otitis Externa/ Media)
- ☐ Hearing Loss
- ☐ Tinnitus
- ☐ Vertigo/Imbalance

SLEEP

- ☐ Snoring
- ☐ Obstructive Sleep Apnea
- ☐ Excessive Daytime Sleepiness
- ☐ Mouth Breathing

NOSE

- ☐ Blocked Nose
- ☐ Nose Bleeds (Epistaxis)
- ☐ Sinus Infections (Sinusitis)
- ☐ Facial Pains/Pressure
- ☐ Allergic Rhinitis
- ☐ Loss of Smell/Taste

HEAD & NECK

- ☐ Neck Lumps & Bumps
- ☐ Thyroid Nodules
- ☐ Salivary Gland Disorders

COMMENTS/OTHER REASONS

Doctor's Name & Signature

Date