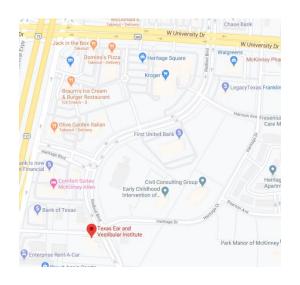


## Texas Ear and Vestibular Institute Referral Form

1441 Redbud Blvd. Ste 211 McKinney, TX 75069 Phone: 469-678-2211 Fax: 469-678-2253 Please give this form to the patient or fax it in to our office.

Patient Name						□F	Date of Birth	
Address								
Main Contact Number				Email Address				
Insuran	ce Informa	ation: (circl	e all that apply)					
Aetna	BCBS	Cigna	Humana	Medicare	Molina	UHC	Other:	
Primary Holder (if different than above)				Date of Birth			Member ID/Subscriber ID#	
Physicia	an Informa	ation:						
Referring Physician			Office	Office Phone Number			Office Fax Number	
Primary Dia	agnosis/Additio	nal Comments	;					
☐ Cons	sult and Re	turn 🔲	Testing Only					
□ Evalu	uate and Ti	reat $\square$	Other:	Specify Tests Nee	eaea			



**Patient Information:** 

Dr. Senchak is board-certified in Otolaryngology (Ear, Nose, and Throat) and focuses on treatment of ear disorders including dizziness, balance, and hearing loss. He completed his internship in General Surgery and residency in Otolaryngology at Tripler Army Medical Center, Hawaii in 2008. Dr. Senchak completed a fellowship in Vestibular and Balance Disorders at Massachusetts Eye and Ear Infirmary, Harvard University in 2018. He is also fellowship trained in Clinical Investigation from the San Antonio Uniformed Services Health Education Consortium. To learn more about Dr. Senchak and our audiologists please visit our website **WWW.TEVIMED.COM.**