

ASHLEY SIKAND, M.D., F.A.C.S. 7040 Smoke Ranch Rd., Las Vegas, NV 89128

PHONE: 702-805-1550 FAX: 702-853-6787

Date:

Refe	erring Provider:
Patient Name:	DOB:
Phone Number:	
Insurance Plan and ID number:	
Diagnosis/ICD-10:	
CT/Tests/Procedures performed:(Please ask patient to bring their radiology in	mages)
Medications prescribed: PLEASE FAX PATIENT INFORMATION AN	ND MEDICAL RECORDS TO (702) 853-6787.
Provider Signature	Date

Ear, Nose, & Throat Consultants of Nevada



Please plan to arrive 30 minutes prior to your appointment and bring your insurance card, photo ID, and form of payment for co-pays.