



NEVADA
SINUS
RELIEF

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: _____

Referring 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 images)

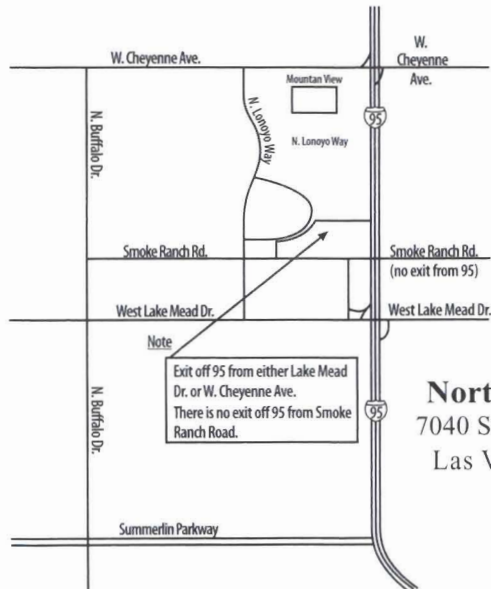
Medications prescribed: _____

PLEASE FAX PATIENT INFORMATION AND MEDICAL RECORDS TO (702) 853-6787.

Provider Signature

Date

Ear, Nose, & Throat Consultants of Nevada



Northwest Office:
7040 Smoke Ranch Road
Las Vegas, NV 89128

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