



LOGAN HAYS, AuD.

Scheduling: 501.537.8650 or 800.482.8561 • eFax: 501.537.8787
CCCReferrals@CARTI.com • 8901 CARTI Way • Little Rock, AR 72205

PATIENT REFERRAL

PATIENT INFORMATION — Please Print

MRN or SSN _____

NAME _____ DOB ____/____/____

ADDRESS _____ CITY _____ STATE/ZIP _____

EMAIL _____

PHONE _____ ALTERNATE PHONE _____

REASON FOR REFERRAL

Hearing Evaluation Hearing Aid Purchase

Tinnitus Other (Please Note Below)

NOTES: _____

Note: You will be notified when the patient has been scheduled.

CLINIC INFORMATION

REFERRING PROVIDER _____

FACILITY _____

CONTACT NAME _____

PHONE _____

FAX _____

PRIMARY CARE PHYSICIAN _____