



Phone: 719-867-7800  
Fax: 719-867-7899

AUDUBON  
3030 N. Circle Dr.  
#300  
Colorado Springs, CO  
80909

Pueblo (ENT only)  
3595 E. Spaulding Ave.  
Ste. B  
Pueblo, CO  
81008

ST. PEREGRINE  
6031 E. Woodman Rd.  
#300  
Colorado Springs, CO  
80923

Referring Physician: \_\_\_\_\_

Requested Physician (if applicable): \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*If you have not been contacted in 5-7 business days, please call the office  
to request an appointment\*\*\*\*