

ENT Direct Referral Form for Sinus CT Scan and Evaluation Fax # (907) 729-1412

Site: _____
Provider Requesting Appt: _____ Phone #: _____
Provider Case Manager: _____ Phone #: _____
Primary Care Provider: _____ Phone #: _____
PCP Case Manager: _____ Phone #: _____

The following are indications for a CT scan of the sinuses and an ENT evaluation at ANMC. These guidelines are meant to facilitate the evaluation and treatment of patients thought to have sinusitis and who have failed appropriate medical management. We prefer to see these patients at ANMC rather than at the regional hospitals as a CT scan is an integral part of the evaluation. Patients meeting these criteria can be directly referred to us. We will arrange their scan and subsequent appointment.

- Recurrent acute sinusitis defined as at least four acute distinctive infections in a twelve-month period. A diagnosis of sinusitis should be supported by at least two of the following clinical features: facial pain/pressure, facial congestion/fullness, nasal obstruction, discolored/purulent nasal discharge, dental pain or cough. **This should be distinguished from rhinitis which is characterized by clear rhinorrhea, congestion and postnasal drip.**

- Chronic sinusitis (> 12 weeks of symptoms) refractory to medical therapy consisting of at least one month of beta-lactamase resistant antibiotic therapy. Preferably, patients would also have had an attempt at control of pertinent predisposing factors such as allergic rhinitis.
 - **Please list antibiotic used** _____
 - **Starting date and duration of antibiotic use** _____
 - **List nasal steroid sprays used and duration** _____

- Patients being referred for a CT scan who have had prolonged signs and symptoms (primarily chronic sinusitis patients) should receive maximal medical therapy with completion of this treatment course right at the time of scanning. This should include beta-lactamase resistant antibiotics and usually nasal steroid spray. Systemic steroids, if not contraindicated, are also warranted (typically 60mg of prednisone/day for three days with a rapid taper over an additional 4 days). Scanning is done in these patients to visualize irreversible disease.

Based on the findings from the CT scan and ENT exam, recommendations will be made and communicated to the patient and referring provider. Patients should understand that this appointment is for evaluation only. If surgery is recommended, it will be scheduled at a later date.

Social Security #: _____

Guardian's Name: _____

Patient Contact #: _____

Address: _____

Home Phone #: _____

Appt Scheduled by: _____

Date & Time_____ **MD:** _____