



ENT Referral Form

Lamar University
Speech-Language Clinic
Beaumont, Texas 77710
(409) 880-8171

Patient's Name _____ DOB: _____ A _____ 9 _____

APPEARANCE

Translucent R L
Opaque R L
White R L

Hard, organized R L
Soft, organized R L
Smooth surfaced R L

Sessile R L
Pedunculated R L

