



McDonough Pediatrics, P.C

Parents/ Guardians: Please call and verify that the location of your preference accepts your insurance prior to scheduling an appointment. If none of the suggested resources meet your needs, you can also contact your insurance company for more recommendations. After you have made your selection, please call our office at 770-957-8626 to let us know which location you choose so that we may send your referral prior to your appointment. Please allow our office 5 business days to complete referrals.

Ear, Nose & Throat

- Southern Crescent ENT 770-474-7416
1101 Hospital Drive #100A
Stockbridge, GA 30281
- Ear, Nose, Throat Institute 678-206-2424
1365 Rock Quarry Road #300
Stockbridge, GA 30281
- Pediatric Ear, Nose and Throat of Atlanta 404-255-2033
5461 Meridian Mark Road NE #130
Atlanta, GA 30342
- Ear, Nose, and Throat Specialists
 ○ 1370 Wellbrook Circle 770-922-5458
 Conyers, GA 30012
 ○ 4181 Hospital Drive #102 770-385-0321
 Covington, GA 30014
- CHOA ENT 404-785-5437
1494 Hudson Bridge Road
Stockbridge, GA 30281
- ENT of Georgia – South { No Caresource } 770-991-2800
830 Eagles Landing Parkway
Stockbridge, GA 30281
- Wellstar Pediatric ENT 943-202-7840
175 White Street # 200
Marietta, GA

REFERRAL PROCEDURES & RULES:

* All Referrals MUST be from a McDonough Pediatrics physician. * Our office needs to be notified 5 business days in advance and include: DATE, TIME and NAME OF SPECIALIST. Failure to provide all necessary information may result in delay of processing the request. * Each specialist office has their own rules/guidelines, it is your responsibility to be aware of these policies and to follow them accordingly. * Cancellations and/or rescheduling of appointments is your responsibility. Our office works very closely with these specialists and their offices, to ensure that we get appointments for our patients on an ASAP or first available / work-in basis. We do not want to jeopardize this relationship by referring those patients who do not follow their policies. * In the event that your referral expires prior to your scheduled appointment date, please notify our office immediately so we can update the referral as needed.

****On URGENT / SAME DAY/ NEXT DAY appointments, please notify our office ASAP so they can be processed immediately. ****