

Patient information:

Patient Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip code: _____
 Main Phone#: _____ Alternate phone #: _____ Social Security Number: _____
 Birth Date: _____ Language: _____ Interpreter: Yes No Special needs: _____

Referring Physician information:

Physician's Printed Name: _____ Physician Signature: _____
 Office Phone #: _____ Fax#: _____ Form completed by: _____

Reason for Referral: _____

Diagnosis Code: _____ **If BWC – Allowed Diagnosis Code:** _____

Evaluate and Treat Consultation Only/Second Opinion Other _____

Insurance Information: SEND COPY OF INSURANCE CARD - FRONT AND BACK - AND ANY PATIENT RECORDS / REPORTS

Referral / Authorization/ Claim # _____ Insurance Company: _____ Self Pay
 BWC Employer _____ Date of Injury _____ MCO Name _____

Patient Needs an Appointment: ASAP Within one week Patient's Convenience Office to call patient Patient to call office

<input type="checkbox"/> Brittany Adamic MD	16			Fax: (614) 533-0177	Phone: (614) 788-2870
<input type="checkbox"/> Eamonn Bahnson MD	1	3		1) 500 Thomas Lane Suite 3G	Columbus 43214
<input type="checkbox"/> Ilana Bergelson MD	11	17		2) 300 Polaris Parkway Suite 240	Westerville 43082
<input type="checkbox"/> John Brockman MD	1	2	9	3) 5150 E. Dublin Granville Rd Suite 220	Columbus 43081
<input type="checkbox"/> Fadel Elkhairi MD	4	5		4) 651 W. Marion St	Mt Gilead 43338
<input type="checkbox"/> Ryan Farrell MD	11			5) 7450 Hospital Dr, Suite 350	Dublin 43016
<input type="checkbox"/> Eric Fichtenbaum MD	11	17		Fax: (740) 368-5591	Phone: (740) 368-5550
<input type="checkbox"/> Jeffrey Harbrecht MD	5	9		6) 551 W. Central Ave, Suite 102	Delaware 43015
<input type="checkbox"/> George Ho MD	11	17		7) 10190 US Hwy 42 Suite 210D	Marysville 43040
<input type="checkbox"/> Jason Jankowski MD	13	14		Fax: (740) 566-4631	Phone: (740) 566-4630
<input type="checkbox"/> Tariq Khemees MD	1	15		8) 75 Hospital Drive Suite 250	Athens 45701
<input type="checkbox"/> Gregory Knudson MD	6	7		Fax: (740) 375-8164	Phone: (740) 383-7950
<input type="checkbox"/> Jennifer Lam MD	2	9		9) 1050 Delaware Ave	Marion 43302
<input type="checkbox"/> Gregory Lowe MD	1			Fax: (614) 544-1853	Phone: (614) 544-1460
<input type="checkbox"/> Kristin Lowe MD	8			10) 4363 All Seasons Drive Suite 240	Hilliard 43026
<input type="checkbox"/> Bryan Meyerson MD	13	17		Fax: (614) 544-9671	Phone: (614) 544-9670
<input type="checkbox"/> Andrew Park MD	15			11) 500 E. Main St, Suite 220	Columbus 43215
<input type="checkbox"/> Abhishek Patel MD	10			12) 1450 Davidson Dr	Reynoldsburg 43068
<input type="checkbox"/> Raunak Patel MD	5			Fax: (614) 533-0076	Phone: (380) 243-3113
<input type="checkbox"/> Ketul Shah MD	9	10		13) 1010 Refugee Road, Suite 310	Pickerington 43147
<input type="checkbox"/> Andrew Smock MD	10			14) 625 W Waterloo Street Suite 310B	Canal Winchester 43110
<input type="checkbox"/> Eric Ward MD	1	3	54	Fax: (567) 309-2045	Phone: (567) 309-2040
<input type="checkbox"/> Michael Yu MD	11	17		15) 1020 Cricket Lane	Mansfield 44906
				Fax: (614) 533-0128	Phone: (614) 544-8104
				16) 7450 Hospital Dr, Suite 300	Dublin 43016
				Fax: (740) 420-8625	Phone: (740) 420-7882
				17) 600 N. Pickaway St, Suite 402	Circleville 43113

Please fax all pertinent records in advance of appointment if not done at OhioHealth. Do not mail reports.

APPOINTMENT INFORMATION: Return to referring physician Date Scheduled: _____ Time _____

Physician _____ Location _____

Appointment Info back to referring physician Faxed New patient packet mailed **Date:** _____ 2/5/2026