

## PATIENT SCHEDULING/REFERRAL FORM

**OhioHealth Physician Group**

**Heart & Vascular**

**Patient information:**

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Main Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
 SSN (last 4): \_\_\_\_\_ 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 RELATED 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"/> <b>Ashland</b> Fax: 567-241-7245 Cardiovascular Disease Peripheral Vascular Disease  <input type="checkbox"/> <b>Athens</b> Fax: 740-566-4888 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease  <input type="checkbox"/> <b>Bucyrus</b> Fax: 419-562-5119 Cardiovascular Disease  <input type="checkbox"/> <b>Cambridge</b> Fax: 740-630-9709 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease  <input type="checkbox"/> <b>Canal Winchester</b> Fax: 614-533-0101 Cardiovascular Disease Peripheral Vascular Disease  <input type="checkbox"/> <b>Chillicothe</b> Fax: 740-571-0331 Cardiovascular Disease Vascular Surgery Fax: 614-566-9302  <input type="checkbox"/> <b>Chillicothe</b> Fax: 614-533-0150 Cardiac Electrophysiology  <input type="checkbox"/> <b>Circleville</b> Fax: 740-420-8185 Cardiac Electrophysiology Cardiovascular Disease  <input type="checkbox"/> <b>Columbus/Downtown</b> Fax: 614-533-0101 Cardiovascular Disease Lipid Clinic Fax: 614-566-3835  <input type="checkbox"/> <b>Delaware</b> Fax: 740-615-0401 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease	<input type="checkbox"/> <b>Doctors Suite 100</b> Fax: 614-533-0150 Cardiothoracic Surgery Thoracic Surgery Fax: 614-533-0187  <input type="checkbox"/> <b>Doctors Suite 220A</b> Fax: 614-544-2574 Peripheral Vascular Disease Vascular Surgery  <input type="checkbox"/> <b>Doctors Suite 220B</b> Fax: 614-533-0052 Cardiac Electrophysiology Cardiovascular Disease  <input type="checkbox"/> <b>Dublin</b> Fax: 614-533-0056 Advanced Heart Failure Cardiac Electrophysiology Cardiovascular Disease Vascular Medicine  <input type="checkbox"/> <b>Gahanna</b> Fax: 614-533-0101 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease  <input type="checkbox"/> <b>Galion</b> Fax: 567-241-7245 Cardiovascular Disease Vascular Surgery  <input type="checkbox"/> <b>Grant Suite 260</b> Fax 614-566-9302 Peripheral Vascular Disease Vascular Surgery  <input type="checkbox"/> <b>Grant Suite 400</b> Fax: 614-533-0187 Cardiothoracic Surgery Thoracic Surgery	<input type="checkbox"/> <b>Grove City</b> Fax: 614-533-0101 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease Vascular Surgery Fax: 614-566-9302  <input type="checkbox"/> <b>Hardin</b> Fax: 419-673-8883 Cardiovascular Disease Peripheral Vascular Disease  <input type="checkbox"/> <b>Hilliard</b> Fax: 614-533-0052 Cardiac Electrophysiology Cardiovascular Disease  <input type="checkbox"/> <b>Jerome</b> Fax: 614-533-0052 Cardiovascular Disease  <input type="checkbox"/> <b>Lewis Center</b> Fax: 614-566-3835 Lipid Clinic  <input type="checkbox"/> <b>London</b> Fax: 614-533-0052 Cardiovascular Disease  <input type="checkbox"/> <b>Mansfield</b> Fax: 567-241-7245 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease Vascular Medicine Vascular Surgery Thoracic Surgery Fax: 614-533-0187  <input type="checkbox"/> <b>Marion</b> Fax: 740-383-3040 Cardiac Electrophysiology Cardiovascular Disease  <input type="checkbox"/> <b>Marion</b> Fax: 740-383-7919 Peripheral Vascular Disease Vascular Medicine Vascular Surgery	<input type="checkbox"/> <b>Morrow County</b> Fax: 419-949-3050 Cardiovascular Disease Peripheral Vascular Disease  <input type="checkbox"/> <b>New Albany</b> Fax: 614.533.0069 Advanced Heart Failure Athletic Screening Cardiovascular Disease Electrophysiology Peripheral Vascular Disease  <input type="checkbox"/> <b>Pickerington</b> Fax: 614-533-0101 Cardiovascular Disease Electrophysiology Vascular Surgery Fax: 614-566-9302  <input type="checkbox"/> <b>Riverside/3525</b> Fax: 614-533-0150 Cardiothoracic Surgery Peripheral Vascular Disease Vascular Surgery  <input type="checkbox"/> <b>Riverside/3705</b> Fax: 614-533-0166 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease Vascular Medicine  <input type="checkbox"/> <b>Shelby</b> Fax: 567-241-7245 Cardiovascular Disease  <input type="checkbox"/> <b>Upper Sandusky</b> Fax: 740-383-3040 Cardiovascular Disease  <input type="checkbox"/> <b>Westerville</b> Fax: 614-533-0069 Advanced Heart Failure Athletic Screening Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease
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**\*\*Please fax all associated office notes and prior testing with referral form\*\***

**Requested testing (if known):** \_\_\_\_\_ **Requested Physician (if known):** \_\_\_\_\_

**APPOINTMENT INFORMATION: Return to referring physician**

Patient declined appointment  Unable to contact patient

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Physician: \_\_\_\_\_ Initials: \_\_\_\_\_ 5/5/2025