OhioHealth

PATIENT REFERRAL FORM

OhioHealth Physician Group
Medical Oncology and Hematology
Blood and Marrow Transplant

Patient Information:

Patient Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip code: _____

Main Phone#: _____ Alternate phone #: _____ Special needs: _____

Social Security Number: _____ Birth Date: _____ Language: _____ Interpreter: ☐ Yes ☐ No

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**

☐ Yanis Boumber MD ☐ Cassandra Grenade M
Fax: (740) 615-0255 Phone: (740) 615-0227
801 OhioHealth Blvd, Suite 180 Delaware OH 43015

☐ Hamzah Abu-Sbeih MD ☐ Srividya Viswanathan MD
☐ Giavanna de LaRosa CNP
Fax: (419) 756-3637 Phone: (419) 756-2003
335 Glessner Avenue, MOB 5th Floor Mansfield OH 44903

☐ Arvinder Bhinder MD ☐ Anitha Nallari MD
☐ Shakir Sarwar MD
Fax: (740) 383-7068 Phone: (740) 383-7830
1000 McKinley Park Ave Marion OH 43302
921 E. Franklin St, Kenton OH 43326
651 W Marion Rd. Mt Gilead OH 43338

☐ Vamsi Koduri MD
Fax: (740) 331-7112 Phone: (740) 331-7111
75 Hospital Drive, Suite 170 Athens OH 45701

☐ Sanjay Yadav MD
Fax: (614) 851-8528 Phone: (614) 851-8469
5141 W. Broad Street, Suite 130 Columbus OH 43228

☐ Anitha Nallari MD ☐ Thushara Paul MD ☐ Shakir Sarwar MD
☐ Zachary Trisel MD ☐ Alfred Vargas MD
Fax: (614) 533-0471 Phone: (614) 788-4699
303 E. Town St, Suite 4300 Columbus OH 43215
Fax: (380) 243-3157 Phone: (380) 243-3060
1010 Refugee Rd, Suite 1000 Pickerington OH 43147
Fax: (614) 533-0471 Phone: (740) 474-2126
600 N. Pickaway St. Circleville OH 43113

BLOOD AND MARROW TRANSPLANT CLINIC
☐ Michael Becker MD ☐ Yvonne Efebera MD
☐ Basem William MD
Fax: (614) 533-0335 Phone: (614) 566-2500
500 Thomas Lane, Suite A3 Columbus OH 43214

NEURO ONCOLOGY
☐ Justin Goranovich MD ☐ Mohamed Hamza MD, PhD
Fax: (614) 533-1203 Phone: (614) 566-4200
500 Thomas Lane, Suite 2E Columbus OH 43214

If outside of OhioHealth, please fax all pertinent medical records PRIOR to appointment for review. Do not mail reports.

APPOINTMENT INFORMATION: Physician _____ Location _____ 2/5/2026

Return to referring physician Date Scheduled: _____ Time _____ ☐ Faxed ☐ New patient packet mailed **Date:** _____