

Patient information:

Patient Name _____ Date _____
 Address _____ City _____ State _____ Zip code _____
 Main Phone # _____ Alternate phone # _____
 Social Security Number _____ Birth Date _____
 Male Female 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 2nd opinion/Consult Routine Urgent

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

Insurance Company _____ Referral / Authorization/ Claim # _____ Self Pay
 Prefer 1st physician available? Yes No Notify patient of appointment Notify Physician office of appointment

Fax: (614) 533-0103 Phone: (614) 533-5500

Interventional Spine

Carter Battista MD Mansfield
 Greg Figg MD Westerville
 Mark Malinowski DO Chillicothe Circleville Grant
 Yeshwant Reddy MD Columbus Marion 1 Marion 2

Medical Spine

Casey Chamberlain DO Chillicothe Circleville
 Karen Evans MD McConnell HHC Gahanna Grove City
 New Albany
 Brian Jennings DO Hilliard McConnell HHC
 Andrew Murray MD McConnell HHC Westerville
 Jonathan Pedrick MD Grove City Riverside 2
 Caitlin Stuber MD McConnell HHC

Spinal Cord Injury

Michael Wheaton MD Grant

Chillicothe - 869 N Bridge Street, Chillicothe 45601
Circleville - 210 Sharon Road, Circleville 43113
Columbus – 1480 W Lane Ave Columbus 43221
Grant – 285 E. State St, Suite 430 Columbus 43215
Grove City – 2030 Stringtown Rd, Suite 200 Grove City OH 43123
Hilliard – 4343 All Seasons Dr, Suite 250 Hilliard 43026
Mansfield – 558 S. Trimble Road Mansfield 44906
Marion 1 – 1138 Independence Ave Marion 43302
Marion 2 – 1040 Delaware Ave Marion 43302
McConnell HHC – 3773 Olentangy River Rd Columbus 43214
New Albany – 5150 E Dublin Granville Rd Columbus 43081
Riverside 1 - 3535 Olentangy River Rd Suite 1501 Columbus 43214
Riverside 2 - 3555 Olentangy River Rd Suite 2002 Columbus 43214
Westerville – 300 Polaris Pkwy, Suite 210 Westerville 43082

Please send related patient records/reports and insurance information with referral to prevent any delays in review/scheduling

Office Use only:

Appointment Date: _____ Time: _____ Physician: _____ Initials: _____

Patient declined appointment Unable to contact patient