

**OhioHealth Neurological Physicians  
NEUROSURGERY & SPINE**
**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  2<sup>nd</sup> 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 1<sup>st</sup> physician available?  Yes  No  Notify patient of appointment  Notify Physician office of appointment

<p><b>Fax: (614) 533-0103</b> Phone: (614) 533-5500</p> <p><b>Neurosurgery</b></p> <table style="width:100%; border: none;"> <tr> <td>Victor Awuor MD</td> <td><input type="checkbox"/> Westerville</td> <td><input type="checkbox"/> Pickerington</td> </tr> <tr> <td>Rebecca Brightman MD</td> <td><input type="checkbox"/> Riverside 1</td> <td></td> </tr> <tr> <td>Ward Buster DO</td> <td><input type="checkbox"/> Riverside 1</td> <td><input type="checkbox"/> Athens</td> </tr> <tr> <td>Alok Chaudhari MD</td> <td><input type="checkbox"/> Doctors</td> <td><input type="checkbox"/> Hilliard</td> </tr> <tr> <td>Ronald Dorbish DO</td> <td><input type="checkbox"/> Riverside 1</td> <td></td> </tr> <tr> <td>J. 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Pickaway St, Suite 107 Circleville 43113</li> <li><b>Columbus</b> – 931 Chatham Ln Columbus 43221</li> <li><b>Delaware</b> - 801 OhioHealth Blvd Suite 210 Delaware 43015</li> <li><b>Doctors</b> – 5131 Beacon Hill Rd, Suite 210A Columbus 43228</li> <li><b>Eastside HC</b> – 4850 E. Main St Columbus 43213</li> <li><b>Grant</b> – 285 E. State St, Suite 430 Columbus 43215</li> <li><b>Grove City</b> – 4191 Kelnor Dr, Suite 200 Grove City 43123</li> <li><b>Hilliard</b> – 4343 All Seasons Dr, Suite 250 Hilliard 43026</li> <li><b>Lancaster</b> – 2682 Kull Rd Lancaster 43130</li> <li><b>Mansfield</b> - 335 Glessner Ave, 2<sup>nd</sup> Flr Mansfield 44903</li> <li><b>Marietta</b> – 1204 Greene St Marietta 45750</li> <li><b>Marion 1</b> – 1138 Independence Ave Marion 43302</li> <li><b>Marion 2</b> – 1069 Delaware Ave, Suite 205B Marion 43302</li> <li><b>Marysville</b> – 171 Morey Dr, Suite C Marysville 43040</li> <li><b>Pickerington</b> – 1010 Refugee Rd, Suite 310 Pickerington 43147</li> <li><b>Portsmouth</b> – 1711 27<sup>th</sup> St, Suite 103B Portsmouth 45662</li> <li><b>Riverside 1</b> – 3555 Olentangy River Rd, Suite 2001 Columbus 43214</li> <li><b>Riverside 2</b> – 3555 Olentangy River Rd, Suite 2002 Columbus 43214</li> <li><b>Riverside 3</b> – 3525 Olentangy River Rd, Suite 5310 Columbus 43214</li> <li><b>Upper Sandusky</b> – 885 N. Sandusky Ave Upper Sandusky 43351</li> <li><b>Springfield</b> – 7774 Dayton Springfield Rd Fairborn 45324</li> <li><b>Westerville</b> – 300 Polaris Pkwy, Suite 2350 Westerville 43082</li> </ul>	Yeshwant Reddy MD	<input type="checkbox"/> Columbus	<input type="checkbox"/> Marion 1	Greg Figg MD	<input type="checkbox"/> Westerville		Karen Evans MD	<input type="checkbox"/> Riverside 2	<input type="checkbox"/> Grove City	Brian Jennings DO	<input type="checkbox"/> Riverside 2	<input type="checkbox"/> Eastside HC <input type="checkbox"/> Hilliard	Andrew Murray MD	<input type="checkbox"/> Riverside 2	<input type="checkbox"/> Westerville	Kirk Whetstone MD	<input type="checkbox"/> Riverside 2	<input type="checkbox"/> Pickerington
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**ONP Use only:**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Physician: \_\_\_\_\_ Initials: \_\_\_\_\_

 Patient declined appointment  Unable to contact patient