

**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: \_\_\_\_\_  
 Primary Care  Specialty Office Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Form completed by: \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

**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

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

7630 Rivers Edge Drive Columbus OH 43235 <b>Fax: (614) 540-3979</b> Phone: (614) 533-4000 <input type="checkbox"/> Nora Alghothani MD <input type="checkbox"/> Katherine Kendjorsky DO <input type="checkbox"/> Michelle Kovalaske MD <input type="checkbox"/> Amita Maturu MD <input type="checkbox"/> Rundsarah Tahboub MD
4882 E. Main Street Suite 210 Columbus OH 43213 <b>Fax: (614) 566-0611</b> Phone: (614) 566-0610 <input type="checkbox"/> Divya Akshintala MD <input type="checkbox"/> John Blackman MD <input type="checkbox"/> Jenan Gabi MD <input type="checkbox"/> Tariq Khan MD <input type="checkbox"/> William Lutmer MD
1050 Delaware Ave Marion OH 43302 <b>Fax: (740) 375-8166</b> Phone: (740) 383-8047 <input type="checkbox"/> Sirisha Donepudi MD
335 Glessner Ave MOB 3 <sup>rd</sup> Flr Mansfield OH 44903 <b>Fax: (419) 522-2240</b> Phone: (419) 522-2734 <input type="checkbox"/> Cynthia Dorsey, MD
75 Hospital Drive, Suite 200 Athens OH 45701 <b>Fax: (740) 566-4881</b> Phone: (740) 566-4880 <input type="checkbox"/> Amber Healy DO <input type="checkbox"/> Nicholas Meztis MD <input type="checkbox"/> Yuanjie Mao MD <input type="checkbox"/> Angela Staker CNP <input type="checkbox"/> Karen Bailey CDE RD circle one: MNT or DSMT

**REASON for visit and documentation REQUIRED WITH EACH REFERRAL AND DIAGNOSIS:**

This practice does not treat patients with the following diagnosis: PCOS with infertility, Diabetes during pregnancy, Transgender patients requiring hormone replacement therapy.

- Diabetes**  
Progress Notes, All Diabetic labs w/i last 3 months, medication list
- Thyroid**  
Progress Notes, All Thyroid labs w/i last 6 months (MUST include TSH, T4, T3, etc), any imaging w/i last 12 months, medication list
- Osteoporosis**  
Progress Notes, Labs (MUST include Vitamin D & Calcium), DEXA Scan w/i last 12 months, medication list
- Pituitary**  
Progress Notes, MRI w/i last 12 months, medication list
- Adrenal**  
Progress Notes, Adrenal Labs (MUST include Potassium & Cortisol), any imaging w/i last 12 months, medication list

**APPOINTMENT INFORMATION: Return to referring physician**

Date Scheduled: \_\_\_\_\_ Time \_\_\_\_\_

Physician \_\_\_\_\_ Location \_\_\_\_\_

Appointment Info back to referring physician  Faxed  New patient packet mailed Date: \_\_\_\_\_ 8/15/19