

PATIENT SCHEDULING/REFERRAL FORM

OhioHealth Physician Group Obstetrics & Gynecology

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: _____

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

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

<input type="checkbox"/> Cassandra Gray MD <input type="checkbox"/> Dana Moulton MD <input type="checkbox"/> Ngozi Osuagwu MD <input type="checkbox"/> Jennifer Papp DO <input type="checkbox"/> Victoria Powis DO <input type="checkbox"/> Jamie Hensley CNP <p style="text-align: center;">5300 Nike Drive Hilliard 43026 Fax: (614) 777-9032 Phone: (614) 533-6810</p>	<input type="checkbox"/> David Goldfarb MD <input type="checkbox"/> Sukhmit Kaur MD <input type="checkbox"/> Carolyn Yost DO <input type="checkbox"/> Amy Barrows DNP <p>1. 600 N Pickaway St, Noecker Bldg, 2nd Flr Circleville 43113 2. 869 N Bridge St. Chillicothe 45601 Fax: (740) 477-2558 Phone: (740) 474-5024</p>
<input type="checkbox"/> Yelena Feldman DO <input type="checkbox"/> Steven Miller DO <input type="checkbox"/> Funmi Kasali MD <input type="checkbox"/> Grant Sefton DO <p style="text-align: center;">5131 Beacon Hill Rd., Suite 310C Columbus 43228 Fax: (614) 878-7005 Phone: (614) 788-3700</p>	<input type="checkbox"/> Suzanne Barnhart MD <input type="checkbox"/> Sarah Froman MD <input type="checkbox"/> Laurel Santino MD <input type="checkbox"/> Aimee Mitchell CNP <input type="checkbox"/> Megan Cipparone CNM <input type="checkbox"/> Carol O'Connor CNM <p style="text-align: center;">625 W Waterloo St Canal Winchester 43110 Fax: (614) 788-4341 Phone: (614) 955-3480 1532 Wesley Way Lancaster 43130 Fax: (740) 653-6361 Phone: (740) 653-5088</p>
<input type="checkbox"/> Era Gupta MD <input type="checkbox"/> William Hammett MD <input type="checkbox"/> Elizabeth Koffler MD <input type="checkbox"/> Hariklia Louvakis MD <input type="checkbox"/> Benjamin Winfree MD <input type="checkbox"/> Kelley Becker CNP <input type="checkbox"/> Danielle Wadkins CNP <p>1. 460 W Central Ave, Suite D Delaware 43015 2. 7853 Pacer Dr, Suite 3D Delaware 43015 3. 10190 US Hwy 42, Suite 210-C Marysville 43040 Fax: (740) 615-2701 Phone: (740) 615-2700</p>	<input type="checkbox"/> Jane Broecker MD <input type="checkbox"/> Lucy Bucher DO <input type="checkbox"/> Jody Gerome DO <input type="checkbox"/> Tzvetan Fatchikov MD <input type="checkbox"/> Timothy Kermode DO <input type="checkbox"/> Emily Latta CNM <input type="checkbox"/> Jessica Fakhoury CNP <input type="checkbox"/> Lydia Young PA <p>1. Castrop Center 75 Hospital Dr, Suite 260 Athens 45701 2. 1319 W Hunter St Logan 43138 Fax: (740) 594-4099 Phone: (740) 594-8819</p>
<input type="checkbox"/> Michelle Anthony MD <input type="checkbox"/> Terry Grogg MD <input type="checkbox"/> Amanda McAleer MD <input type="checkbox"/> Melissa Paskey MD <input type="checkbox"/> Casey Britton CNM <input type="checkbox"/> Jaena Newman CNM <input type="checkbox"/> Laura Masimore WHNP, CNM <input type="checkbox"/> Patti Sprang WHNP-BC <p>1. 335 Glessner Ave, MOB 2nd Flr Mansfield 44903 2. 24 Morris Rd, Suite 3 Shelby 44875 3. 375 W Main St Lexington 44904 Fax: (567) 241-7565 Phone: (561) 241-7055</p>	<input type="checkbox"/> David Foulk MD <input type="checkbox"/> Jay Moodley MD <input type="checkbox"/> Allie Branham CNM <input type="checkbox"/> Qin Huang CNM <input type="checkbox"/> Emma Trusty CNM <p style="text-align: center;">960 S. Prospect Street Marion 43302 Fax: (740) 383-2978 Phone: (740) 383-2776</p>
<input type="checkbox"/> Bradley Campbell MD <input type="checkbox"/> Andre Bown MD <input type="checkbox"/> Nichole Runyon FNP <input type="checkbox"/> Darian Curren CNM <input type="checkbox"/> Rhyan Williams CNM <p>1. 1040 Delaware Ave Marion 43302 2. 651 West Marion Road Mount Gilead 43338 3. 921 East Franklin Street Kenton 43326 Fax: (740) 383-8084 Phone: (740) 383-8080</p>	<input type="checkbox"/> Sara Alderman DO <input type="checkbox"/> Jacob Nelson DO <input type="checkbox"/> Julia Wilson CNP <p style="text-align: center;">3503 Southwest Blvd Grove City 43123 Fax: (614) 533-6141 Phone: (614) 533-6140</p> <input type="checkbox"/> Kayla Busuito DO <input type="checkbox"/> Jinna Deslandes MD <input type="checkbox"/> Rhyan Williams CNM <p style="text-align: center;">2014 Baltimore-Reynoldsburg Rd Reynoldsburg 43068 Fax: (614) 533-1134 Phone: (614) 533-8989</p>

APPOINTMENT INFORMATION: Appt Info back to referring physician Faxed New patient packet mailed Date: _____

Date Scheduled: _____ Time _____ Physician _____ Location _____ 02/05/2026