

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 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

<input type="checkbox"/> First Available <input type="checkbox"/> John Brockman MD <input type="checkbox"/> Fadel Elkhairi MD <input type="checkbox"/> Jeffrey Harbrecht MD <input type="checkbox"/> Gregory Lowe MD <input type="checkbox"/> Ketul Shah MD <input type="checkbox"/> Ryan Hedgepeth MD MS <input type="checkbox"/> Eric Ward MD <input type="checkbox"/> Amberly Windisch MD <input type="checkbox"/> Wynne Barnhart PA <input type="checkbox"/> Alex Falk PA Fax: (614) 533-0177 Phone: (614) 788-2870 1) 500 Thomas Lane Suite 3G Columbus OH 43214 2) 300 Polaris Parkway Suite 2300, Westerville OH 43082 3) 1040 Delaware Ave, Marion OH 43302 4) 5868 N. Hamilton Rd, 2 nd Flr New Albany OH 43054 5) 651 W. Marion St, Mt Gilead OH 43338	<input type="checkbox"/> First Available <input type="checkbox"/> Jennifer Lam MD <input type="checkbox"/> David Fitkin MD Fax: (740) 375-8164 Phone: (740) 383-7950 1) 1040 Delaware Ave, Marion OH 43302 2) 6 Lexington Blvd, Delaware OH 43015 3) 885 N Sandusky Ave, Upper Sandusky OH 43351
<input type="checkbox"/> Gregory Knudson MD Fax: (740) 368-5591 Phone: (740) 368-5550 1) 551 W. Central Ave, Suite 102 Delaware OH 43015 2) 171 Morey Dr Suite C, Marysville OH 43040	<input type="checkbox"/> First Available <input type="checkbox"/> Andrew Smock, MD <input type="checkbox"/> Abhishek Patel MD <input type="checkbox"/> Ketul Shah MD Fax: (614) 544-1853 Phone: (614) 544-1460 4363 All Seasons Drive, Suite 240 Hilliard OH 43026
	<input type="checkbox"/> George Ho MD Fax: (614) 544-9671 Phone: (614) 544-9670 1) 500 E. Main St, Suite 220 Columbus OH 43215 2) 600 N. Pickaway St, Suite 402 Circleville OH 43113
	<input type="checkbox"/> Kristin Lowe MD Fax: (740) 566-4631 Phone: (740) 566-4630 75 Hospital Drive Suite 250 Athens OH 45701

Please fax all pertinent records in advance of appointment if not done at OhioHealth. Do not mail reports.

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