

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
 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"/> Physician Requested: _____ Fax: _____ Location: _____ (list of physicians & locations on next page)	<p style="text-align: center;">PLEASE FAX THE FOLLOWING WITH REFERRAL FORM</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> X-RAY <input type="checkbox"/> CT </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> MRI <input type="checkbox"/> EMG </div> <input type="checkbox"/> OTHER TESTING _____ <input type="checkbox"/> OTHER TESTING _____ <input type="checkbox"/> OTHER TESTING _____
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Patients to hand carry any films and reports to their 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:** _____ 2/5/2026

PATIENT REFERRAL FORM

<input type="checkbox"/> Stephen Berling MD (Hand; Upper Extremity) 1 3	FAX: (614) 544-1403	Phone: (614) 544-1401
<input type="checkbox"/> Bryce Fincham DO (Knee, Shoulder, Sports Medicine) 1 2		1. 4343 All Seasons Dr. Suite 140 Hilliard OH 43026
<input type="checkbox"/> James Miller DO (Hip & Knee Replacement) 1 4		2. 6955 Hospital Dr Dublin OH 43016
<input type="checkbox"/> Jignesh Patel DO (Gen Ortho, Hip & Knee Replacement) 1 3		3. 5141 W. Broad St. Suite 150 Columbus OH 43228
<input type="checkbox"/> Katherine Swank MD (Hand & Upper Extremity) 3		4. 3705 Olentangy River Rd Suite 260 Columbus OH 43214

<input type="checkbox"/> Brian Cohen MD (Robotic Hip & Knee Rep, Total Shoulder Rep, Sports Med) 1 2 3	FAX: (614) 533-1993	Phone: (614) 788-0375
<input type="checkbox"/> Jason Foster MD (Non-surgical Ortho, Sports Med) 2 3		1. 4850 E. Main Street Columbus OH 43213
<input type="checkbox"/> Eric Liu MD (Non-surgical Ortho, Sports Med) 3 5		2. 2030 Stringtown Road Grove City OH 43213
<input type="checkbox"/> Raul Raudales MD (Non-surgical Ortho, Sports Med) 1 3		3. 869 N Bridge Street Chillicothe OH 45601
<input type="checkbox"/> J. 'Troy' Thompson DO (Non-surgical Ortho, Sports Med) 3 4		4. 4335 Alum Creek Drive, Suite 200 Columbus OH 43207
		5. 1638 North Memorial Drive Lancaster OH 43130

<input type="checkbox"/> Robert Fada MD (Hip & Knee Replacement) 1 2 3	FAX: (614) 788-5100	Phone: (614) 788-5000
<input type="checkbox"/> Nathaniel Long MD (Shoulder & Knee) 1 2 5		1. 303 E. Town St Columbus OH 43215
<input type="checkbox"/> Lance Maynard DO (Hip & Knee Replacement) 1 3		2. 300 Polaris Pkwy Suite 220 Westerville OH 43082
<input type="checkbox"/> Brian Steginsky DO (Foot & Ankle) 1 2 5		3. 417 Hill Rd North Pickerington OH 43147
<input type="checkbox"/> Stephen Wiseman DO (Shoulder & Knee) 1 3 4		4. 3705 Olentangy River Rd, Suite 260 Columbus OH 43214
		5. 5150 E Dublin Granville Rd Columbus OH 43081

<input type="checkbox"/> Matthew Bernhard MD (Joint Replacement) 1 3	FAX: (567) 241-7502	Phone: (419) 756-8899
<input type="checkbox"/> Mario Brunicardi MD (Sports Medicine) 1		1. 2180 Stumbo Rd Ontario OH 44805
<input type="checkbox"/> Michael Viau MD (Spine Surgery) 2	FAX: (419) 756-6004	Phone: (419) 756-8899
		2. 335 Glessner Ave, 2 nd Flr Mansfield OH 44903
	FAX: (419) 289-1154	Phone: (419) 756-8899
		3. 45 Amberwood Pkwy Ashland OH 44805

<input type="checkbox"/> Danielle Thornsberry DO (Non-surgical Ortho) 1	FAX: (740) 566-4721	Phone: (740) 566-4720
<input type="checkbox"/> Sergio Ulloa DO 1		
<input type="checkbox"/> Katarina Mecarova PA-C 1		1. 75 Hospital Dr Suite 140 Athens OH 45701
<input type="checkbox"/> Victoria Steen PA-C 1		

<input type="checkbox"/> Aidin Kashigar MD (Spine Surgery) 1	FAX: (740) 382-6469	Phone: (740) 383-7960
<input type="checkbox"/> Cameron Canini DO (Upper Extremity, Joint Rep, Sports Med) 1 5		1. 1050 Delaware Ave Marion OH 43302
<input type="checkbox"/> Aaron Fritz DO (Sports Med, Joint Rep, Hand) 2		2. 921 E. Franklin St Kenton OH 43326
<input type="checkbox"/> J. Jay Guth MD (Sports Medicine, Joint Replacement) 1 3 4		3. 651 W. Marion Rd Mt Gilead OH 43338
<input type="checkbox"/> Brent Mellis DO (Joint Replacement) 1		4. 1820 E. Mansfield St Bucyrus OH 44820
<input type="checkbox"/> William Springer DPM (Foot & Ankle) 6 7 8	FAX: (740) 382-9125	5. 801 OhioHealth Blvd Suite 140 Delaware OH 43015
		6. 1050 Delaware Ave Marion OH 43302
		7. 801 OhioHealth Blvd Suite 140 Delaware OH 43015
		8. 921 E. Franklin St Kenton OH 43326

<input type="checkbox"/> Michael Lefkowitz MD (Gen Ortho, Joint Replacement) 1	FAX: (740) 477-6888	Phone: (740) 477-6511
<input type="checkbox"/> Michael Nickoli MD (Gen Ortho, Joint Replacement) 1 2		1. 130 Morris Rd Circleville OH 43113
<input type="checkbox"/> Edward Qiao DO (Sports Medicine) 1		2. 2030 Stringtown Road, Suite 200 Grove City OH 43123

<input type="checkbox"/> Arminster Kaura MD (Hand, Upper Extremity) 1	FAX: (614) 566-8668	Phone: (614) 566-9496
<input type="checkbox"/> Kyle Lineberry MD (Hand, Upper Extremity) 1		1. 285 E State St Suite 600 Columbus OH 43215