OhioHealth

PATIENT REFERRAL FORM

OhioHealth Physician Group
Orthopedic Surgery

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**

☐ **Physician Requested:**	**PLEASE FAX THE FOLLOWING WITH REFERRAL FORM**
_____	☐ X-RAY ☐ CT
Fax: _____	☐ MRI ☐ EMG
Location: _____	☐ OTHER TESTING _____
(list of physicians & locations on next page)	☐ OTHER TESTING _____
	☐ OTHER TESTING _____

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**: _____ 10/23/2026

OhioHealth

PATIENT REFERRAL FORM

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

☐ **Brian Cohen MD**	(Robotic Hip & Knee Rep, Total Shoulder Rep, Sports Med)	1 2 3	**FAX: (614) 533-1993** Phone: (614) 788-0375
☐ **Jason Foster MD**	(Non-surgical Ortho, Sports Med)	2 3	1. 4850 E. Main Street Columbus OH 43213
☐ **Eric Liu MD**	(Non-surgical Ortho, Sports Med)	3 5	2. 2030 Stringtown Road Grove City OH 43213
☐ **Raul Raudales MD**	(Non-surgical Ortho, Sports Med)	1 3	3. 869 N Bridge Street Chillicothe OH 45601
☐ **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

☐ **Robert Fada MD**	(Hip & Knee Replacement)	1 2 3	
☐ **Nathaniel Long MD**	(Shoulder & Knee)	1 2 5	**FAX: (614) 788-5100** Phone: (614) 788-5000
☐ **Lance Maynard DO**	(Hip & Knee Replacement)	1 3	1. 303 E. Town St Columbus OH 43215
☐ **Kamil Okroj MD**	(Ortho Spine)	1	2. 300 Polaris Pkwy Suite 220 Westerville OH 43082
☐ **Paul Rutkowski MD**	(Hand, Wrist)	1 2 3 5	3. 417 Hill Rd North Pickerington OH 43147
☐ **Thomas Scharschmidt MD**	(Ortho Oncology)	1	4. 3705 Olentangy River Rd, Suite 260 Columbus OH 43214
☐ **Brian Steginsky DO**	(Foot & Ankle)	1 2 5	5. 5150 E Dublin Granville Rd Columbus OH 43081
☐ **Stephen Wiseman DO**	(Shoulder & Knee)	1 3 4	

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

☐ **Kyle Hopkins DO**	(Sports Medicine)	1	
☐ **Danielle Thornsberry DO**	(Sports Medicine)	1	
☐ **Sergio Ulloa DO**	(Total Hip, Robotic Knee, Shoulder, General, Sports Medicine)	1	**FAX: (740) 566-4721** Phone: (740) 566-4720
			1. 75 Hospital Dr Suite 140 Athens OH 45701
☐ **Katarina Mecarova PA-C**	(General)	1	
☐ **Victoria Steen PA-C**	(General)	1	

			FAX: (740) 382-6469 Phone: (740) 383-7960
☐ **Aidin Kashigar MD**	(Spine Surgery)	1	1. 1050 Delaware Ave Marion OH 43302
☐ **Cameron Canini DO**	(Upper Extremity, Joint Rep, Sports Med)	1 5	2. 921 E. Franklin St Kenton OH 43326
☐ **Aaron Fritz DO**	(Sports Med, Joint Rep, Hand)	2	3. 651 W. Marion Rd Mt Gilead OH 43338
☐ **J. Jay Guth MD**	(Sports Medicine, Joint Replacement)	1 3 4	4. 1820 E. Mansfield St Bucyrus OH 44820
☐ **Brent Mellis DO**	(Joint Replacement)	1	5. 801 OhioHealth Blvd Suite 140 Delaware OH 43015
☐ **William Springer DPM**	(Foot & Ankle)	6 7 8	**FAX: (740) 382-9125** Phone (740) 383-7099
			6. 1050 Delaware Ave Marion OH 43302
			7. 801 OhioHealth Blvd Suite 140 Delaware OH 43015
			8. 921 E. Franklin St Kenton OH 43326

☐ **Joseph George MD**	(Gen Ortho, Hip & Knee Replacement)	1	**FAX: (740) 477-6888** Phone: (740) 477-6511
☐ **Michael Lefkowitz MD**	(Gen Ortho, Joint Replacement)	1	1. 130 Morris Rd Circleville OH 43113
☐ **Alex Paulini DO**	(Gen Ortho, Sports Med)	1 2	2. 625 W Waterloo St Suite 210 Canal Winchester OH 43110
☐ **Edward Qiao DO**	(Sports Medicine)	1	

☐ **Arminder Kaura MD**	(Hand, Upper Extremity)	1	**FAX: (614) 566-8668** Phone: (614) 566-9496
☐ **Kyle Lineberry MD**	(Hand, Upper Extremity)	1	1. 285 E State St Suite 600 Columbus OH 43215