OhioHealth

PATIENT SCHEDULING/REFERRAL FORM

OhioHealth Physician Group
Pulmonary Medicine
Sleep Medicine

Patient information:

Patient Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip code: _____

Main Phone#: _____ Alternate phone #: _____ Special Needs: _____

Social Security Number: _____ Birth Date: _____ Language: _____ Interpreter: ☐ Yes ☐ No

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: ☐ **Urgent** ☐ **Routine** ☐ **Office to call patient** ☐ **Patient to call office**

☐ Susan Borchers MD ☐ Anum Choudhry, MD ☐ Jenna Chinnock CNP
☐ Lindsey Hoosic CNP ☐ sleep only practice*
FAX: (614) 533-0446 Phone: (614) 533-4999
7630 Rivers Edge Drive Columbus OH 43235

☐ Lana Alghothani MD ☐ Geoff Bass MD ☐ Kiran Devulapally MD
☐ Herman Dyal MD ☐ Harvinder 'Max' Gill DO ☐ Geoff Newcomb MD
☐ Shiva Rahmanian MD ☐ Brenton Riscili MD ☐ Harsh Shah MD
☐ Tejas Sinha MD ☐ Karen L Wood MD ☐ LeRoy Essig II MD (sleep only)
☐ Sana Asad CNP ☐ Daniel Miller CNP ☐ Sandra Sellers CNP
☐ pulmonary / ☐ sleep
FAX: (614) 533-1184 Phone: (614) 566-9143
1. 111 S. Grant Ave Suite 208, Columbus OH 43215
2. 5150 Dublin Granville Road Suite 340 Columbus OH 43081
3. 1010 Refugee Rd Suite 310 Pickerington OH 43147
4. 1450 Davidson Dr Suite 200 Reynoldsburg OH 43068

☐ Richard Ko MD
FAX: (614) 566-4358 Phone: (614) 566-4350
5150 E. Dublin Granville Road, Suite 340 Columbus OH 43081

☐ Derik Falk MD ☐ Pavel Shishlo CNP
FAX: (740) 331-7202 Phone: (740) 331-7201
75 Hospital Drive, Suite 230 Athens OH 45701

☐ Bradley Harrold MD ☐ Christine Theil CNP
FAX: (740) 615-2023 Phone: (740) 615-2003
561 W. Central Avenue Delaware OH 43015
**additional locations available, scheduler will assist*

☐ Allen Reeves MD ☐ Yunpeng Wu MD – sleep only
FAX: (740) 420-8530 Phone: (740) 420-8526
600 N. Pickaway Street Suite 204 Circleville OH 43113

☐ Derick Asah DO ☐ Maryam Ahmed MD ☐ Wasif Shamsi MD
FAX: (419) 522-0350 Phone: (419) 522-0320
770 Balgreen Drive, Mansfield OH 44906
335 Glessner Avenue Mansfield OH 44903

☐ Tyler Anderson MD ☐ Peter Bachwich MD ☐ Douglas Closser MD
☐ Daniel Gorbett, Jr. MD ☐ Brian Hamburg MD ☐ Amy Lee MD
☐ Dylan Wirtz MD
FAX: (614) 544-8504 Phone: (614) 544-8100
7450 Hospital Drive Suite 460 Dublin OH 43016

☐ Joseph Duffy Jr MD ☐ Maria Lucarelli MD ☐ Marie-Josée Pagé DO
FAX: (614) 878-1159 Phone: (614) 878-6413
5131 Beacon Hill Rd Suite 220E, Columbus OH 43228

☐ George McKenney DO ☐ Joel Provenzano MD ☐ Aileen Ruffino DO
☐ Harsh Shah MD ☐ Hiten Shah MD ☐ Tejas Sinha MD
☐ Richard T Stringer MD ☐ Sandra Sellers CNP
☐ pulmonary / ☐ sleep*
FAX: (740) 375-6468 Phone: (740) 375-8135
1050 Delaware Avenue, Marion OH 43302

For non-OhioHealth radiology testing, **PLEASE MAIL** a film CD **PRIOR** to appt

PLEASE FAX THE FOLLOWING WITH REFERRAL FORM

	DATE	VACCINATIONS:	
CBC (w/i 3mths)	_____	Pneumovax (PPSV23)	_____
Chest X-Ray (w/i 3mths)	_____	Prevnar 13 (PCV13)	_____
Chest CT	_____	Influenza	_____
Pulm Function Test	_____		
Recent Labs	_____	Recent Progress Notes	_____
Previous Sleep Studies	_____	Other pertinent testing	_____

All referrals will be considered routine without a physician-to-physician call

APPOINTMENT INFORMATION: Physician _____ Location 2/5/2026

Return to referring physician Date Scheduled: _____ Time _____ ☐ Faxed ☐ New patient packet mailed **Date**: _____