

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> <input type="checkbox"/> X-RAY <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> EMG <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:** _____
 10/15/18

- Bryce Fincham DO** (Knee, Shoulder, Sports Medicine) 1 2 3
- William Burgette, DO** (Joint Replacement, Reconstruction) 1 2
- Timothy Iorio MD** (Hand; Upper Extremity) 1
- Cassi Traetow, PA** (Hand; Wrist) 1

FAX: (614) 544-1403 Phone: (614) 544-1401
 1. 4343 All Seasons Dr. Suite 140 Hilliard OH 43026
 2. 6955 Hospital Dr Dublin OH 43016
 3. 3705 Olentangy River Rd, Suite 210 Columbus OH 43214

- R. Earl Bartley MD** (Hip & Knee Replacement) 2 4 5 6
- F. Paul DeGenova DO** (Spine Surgery) 2 3 4
- Robert Fada MD** (Hip & Knee Replacement) 2 3 4
- Timothy Iorio MD** (Hand; Upper Extremity) 2 3 4
- Ronald Lakatos MD** (Spine Surgery) 2 5 6 7 8
- Nathaniel Long MD** (Shoulder & Knee) 2 3 6
- Lance Maynard DO** (Hip & Knee Replacement) 2 3 4
- Robert Mendicino DPM** (Foot & Ankle) 2 4 9
- Henry Rocco MD** (Non-surgical Ortho) 2
- Brian Steginsky DO** (Foot & Ankle) 2
- Raymond Tesner DO** (Sports Medicine) 2 4
- Ray Wasielewski MD** (Hip & Knee Replacement) 1 2
- Stephen Wiseman DO** (Shoulder & Knee) 2 10

FAX: (614) 788-5100 Phone: (614) 788-5000
 1. 2030 Stringtown Rd Suite 210 Grove City OH 43123
 2. 303 E. Town St Columbus OH 43215
 3. 300 Polaris Pkwy Suite 2150 Westerville OH 43081
 4. 417 Hill Rd North Pickerington OH 43147
 5. 1638 N. Memorial Dr Lancaster OH 43130
 6. 765 N. Hamilton Rd Suite 235 Gahanna OH 43230
 7. 4882 E Main St Suite 120 Columbus OH 43213
 8. 11 John Lloyd Evans Memorial Dr Suite 400 Nelsonville OH 45764
 9. 4343 All Seasons Dr. Suite 140 Hilliard OH 43026
 10. 1010 Refugee Rd Pickerington OH 43147

- Thomas Baker DO** (General Ortho) 1

FAX: (614) 544-2816 Phone: (614) 544-2815
 1. 5141 W. Broad St Suite 150 Columbus OH 43228

- Matthew Bernhard MD** (Joint Replacement) 3 5
- Mario Brunicardi MD** (Sports Medicine) 3
- Emily Exten MD** (Foot & Ankle) 2 5
- J. Jay Guth MD** (Joint Replacement; Sports Medicine) 1 2 3
- Mark Leeson MD** (General Ortho; Ortho Oncology) 2
- Michael Viau MD** (Spine Surgery) 4
- Stephen Yoder MD** (General Ortho; Joint Replacement) 4 5

FAX: (419) 562-1424 Phone: (419) 756-8899
 1. 1820 E. Mansfield St Bucyrus OH 44820

FAX: (419) 347-9079 Phone: (419) 756-8899
 2. 24 Morris Rd Suite 2 Shelby OH 44875

FAX: (567) 241-7502 Phone: (419) 756-8899
 3. 2180 Stumbo Rd Ontario OH 44805

FAX: (419) 756-6004 Phone: (419) 756-8899
 4. 335 Glessner Ave, 2nd Flr Mansfield OH 44903

FAX: (419) 289-1154 Phone: (419) 756-8899
 5. 45 Amberwood Pkwy Ashland OH 44805