

PATIENT SCHEDULING/REFERRAL FORM

**OhioHealth Physician Group
Podiatry**

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"/> Earl Driggs, DPM Fax: (740) 594-8925 Phone: (740) 592-5799 75 Hospital Drive Suite 340 Athens OH 45701 1319 W Hunter Street Logan OH 43138	<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 _____
<input type="checkbox"/> William Springer, DPM FAX: (740) 382-9125 Phone (740) 383-7099 1050 Delaware Ave Marion OH 43302 6 Lexington Blvd Delaware OH 43015 885 N. Sandusky St Upper Sandusky OH 43351 921 E. Franklin St Kenton OH 43326	

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:** _____ 6/19/20