OhioHealth

PATIENT REFERRAL FORM

OhioHealth Physician Group
Bariatric Surgery
General 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**

☐ **First Available** **OR** ☐ **Physician Requested:**

_____

Location: _____

Fax: _____

(list of physicians & locations on next page)

PLEASE FAX THE FOLLOWING WITH REFERRAL FORM

☐ X-RAY ☐ CT ☐ U/S

☐ MRI ☐ EGD ☐ LABS

☐ OTHER TESTING _____

☐ OTHER TESTING _____

☐ OTHER TESTING _____

****Please include patient's current medication list****

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**: _____ 8/9/2021

OhioHealth

PATIENT REFERRAL FORM

- ☐ **Thomas Sonnanstine MD** (Bariatrics) 1
- ☐ **Nirav Rana MD** (Bariatrics) 1
- ☐ **T. Calloway Robertson MD** (Bariatrics) 1

FAX: (614) 566-1212 Phone: (614) 566-3946
1. 3773 Olentangy River Rd – Lower Level Columbus OH 43214

- ☐ **Richard Costin DO** 1 2
- ☐ **James Massullo MD** 1 2
- ☐ **Donald Hura MD** 1 2
- ☐ **Alyssa Pastorino DO** 1 3

FAX: (614) 544-1087 Phone: (614) 544-1880
1. 5131 Beacon Hill Rd Suite 220 Columbus OH 43228
2. 1076 Eagleton Blvd Suite C London OH 43140
3. 4343 All Seasons Rd Suite 220 Hilliard OH 43026

- ☐ **Joshua Braveman MD** (Colon & Rectal) 1 3 5
- ☐ **Albert Campbell MD** 1 3
- ☐ **Mark Jump DO** 1 2 4
- ☐ **Kristin Ryan DO** (Surgical Oncology) 1 3 5

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1. 285 E. State St Suite 640 Columbus OH 43215
2. 765 N. Hamilton Rd Suite 235 Gahanna OH 43230
3. 1010 Refugee Rd Suite 310 Pickerington OH 43147
4. 2030 Stringtown Rd Suite 210 Grove City OH 43123
5. 300 Polaris Pkwy Suite 1050 Westerville OH 43082

- ☐ **Jeffrey Archer MD** 1
- ☐ **Laura Avery MD** 1
- ☐ **Daniel Detrich MD** 1 2
- ☐ **Elwood Martin MD** 1
- ☐ **Robert Maxwell MD** 1 2
- ☐ **Donnamarie Packer MD** 1 2
- ☐ **Piyush Sheth MD** 1

FAX: (419) 524-1619 Phone: (419) 522-2833
1. 335 Glessner Ave 5th Floor Mansfield OH 44903
2. 199 W. Main St 2nd Floor Shelby OH 44875

- ☐ **Michael Cray MD** 1 3
- ☐ **Kenneth Graffeo MD** 1 3
- ☐ **Michelle Wood DO** 1 2 3

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1. 551 W. Central Ave Suite 103 Delaware OH 43015
2. 7853 Pacer Drive, Suite 3A Delaware OH 43015

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3. 651 W. Marion Rd Mt. Gilead OH 43338

- ☐ **William Schirmer MD** 1

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1. 551 W. Central Ave Suite 303 Delaware OH 43015

- ☐ **Wilbur Sever DO** 1

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1. 2030 Stringtown Road Suite 210 Grove City OH 43123

- ☐ **Reginald Anunobi MD** 1
- ☐ **Bradley Bryan MD** 1
- ☐ **Neal Nesbitt MD** 1

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