OhioHealth

PATIENT REFERRAL FORM

OhioHealth Physician Group
Ophthalmology

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**

☐ Megan Cochran DO ☐ W. Brad Wainright MD **Fax: (740) 383-7084** Phone: (740) 383-8050 1040 Delaware Avenue, Marion OH 43302	**Please evaluate:** ☐ Cataract ☐ Diabetes ☐ Narrow Angle ☐ Glaucoma ☐ Other ______________________

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**: ______________________ 10/28/20