

PATIENT SCHEDULING/REFERRAL FORM

**OhioHealth Physician Group
Heart & Vascular**

Patient information:

Patient Name: _____ Birth Date: _____ Date: _____
 Address: _____ City: _____ State _____ Zip Code: _____
 Main Phone #: _____ Alternate Phone #: _____
 SSN (last 4): _____ 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"/> Ashland Fax: 567-241-7245 Cardiovascular Disease Peripheral Vascular Disease Vascular Surgery <input type="checkbox"/> Athens Fax: 740-566-4888 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease <input type="checkbox"/> Bucyrus Fax: 419-562-5119 Cardiovascular Disease Vascular Surgery <input type="checkbox"/> Cambridge Fax: 740-630-9709 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease <input type="checkbox"/> Canal Winchester Fax: 614-533-0101 Cardiovascular Disease Peripheral Vascular Disease <input type="checkbox"/> Circleville Fax: 740-420-8185 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease <input type="checkbox"/> Columbus/Downtown Fax: 614-533-0101 Cardiovascular Disease Lipid Clinic Fax: 614-566-3835 <input type="checkbox"/> Coshocton Fax: 614-533-0101 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease <input type="checkbox"/> Delaware Fax: 740-615-0401 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease	<input type="checkbox"/> Doctors Suite 100 Fax: 614-533-0150 Cardiothoracic Surgery Thoracic Surgery Fax: 614-533-0187 <input type="checkbox"/> Doctors Suite 100 Fax: 614-544-2574 Peripheral Vascular Disease Vascular Surgery <input type="checkbox"/> Doctors Suite 120 Fax: 614-533-0052 Cardiac Electrophysiology Cardiovascular Disease <input type="checkbox"/> Dublin Fax: 614-533-0056 Cardiac Electrophysiology Cardiovascular Disease <input type="checkbox"/> Gahanna Fax: 614-533-0101 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease <input type="checkbox"/> Grant Suite 260 Fax: 614-566-9302 Peripheral Vascular Disease Vascular Surgery <input type="checkbox"/> Grant Suite 400 Fax: 614-533-0187 Cardiothoracic Surgery Thoracic Surgery <input type="checkbox"/> Grove City Fax: 614-533-0101 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease <input type="checkbox"/> Hardin Fax: 419-673-8883 Cardiovascular Disease Peripheral Vascular Disease	<input type="checkbox"/> Hilliard Fax: 614-533-0052 Cardiovascular Disease <input type="checkbox"/> Lewis Center Fax: 740-615-0401 Cardiac Electrophysiology Cardiovascular Disease Lipid Clinic Fax: 614-566-3835 <input type="checkbox"/> London Fax: 614-533-0052 Cardiovascular Disease Vascular Surgery <input type="checkbox"/> Mansfield Fax: 567-241-7245 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease Vascular Surgery Thoracic Surgery Fax: 614-533-0187 <input type="checkbox"/> Marysville Fax: 614-533-0052 Cardiovascular Disease <input type="checkbox"/> Marion Fax: 740-383-3040 Cardiac Electrophysiology Cardiovascular Disease <input type="checkbox"/> Marion Fax: 740-383-7919 Vascular Medicine Vascular Surgery <input type="checkbox"/> Morrow County Fax: 419-949-3050 Cardiovascular Disease Peripheral Vascular Disease <input type="checkbox"/> Obetz Fax: 740-615-0401 Cardiovascular Disease	<input type="checkbox"/> Pickerington Fax: 614-533-0101 Cardiac Electrophysiology Cardiovascular Disease Vascular Surgery <input type="checkbox"/> Riverside/3525 Fax: 614-533-0150 Cardiac Electrophysiology Cardiothoracic Surgery Peripheral Vascular Disease Vascular Medicine Vascular Surgery <input type="checkbox"/> Riverside/3705 Fax: 614-533-0166 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease Vascular Medicine <input type="checkbox"/> Upper Sandusky Fax: 740-383-3040 Cardiovascular Disease <input type="checkbox"/> Westerville Fax: 614-533-0069 Cardiac Electrophysiology Cardiovascular Disease Peripheral Vascular Disease Vascular Medicine
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****Please fax all associated office notes and prior testing with referral form****

Requested testing (if known): _____ **Requested Physician (if known):** _____

APPOINTMENT INFORMATION: Return to referring physician

Patient declined appointment Unable to contact patient

Appointment Date: _____ Time: _____ Physician: _____ Initials: _____ 6/19/20