OhioHealth

PATIENT REFERRAL FORM

OhioHealth Physician Group
Cancer Surgery
Endocrine Surgery
Surgical Oncology

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**

Physician Consulted

☐ David Arrese MD	1	3
☐ Ramy Fouad Fahmy, MD	1	3
☐ Stephanie Goare, MD	1	2
☐ Patrick Salibi MD	1	3
☐ James G. Sivard Jr., MD	1	

Fax: (614) 533-0436 Phone: (614) 566-2370

1. 500 Thomas Lane, Suite 2C Columbus OH 43214
2. 5141 W. Broad Street, Suite 180 Columbus OH 43228
3. 6700 Perimeter Drive, Suite 210 Dublin OH 43016

What tests have been done:

☐ X-RAY Date: _____ ☐ CT Date: _____

☐ MRI Date: _____ ☐ EUS Date: _____

☐ U/S Date: _____ ☐ PET Date: _____

☐ EGD Date: _____ ☐ CT Date: _____

☐ LABS Date: _____

☐ _____ Date: _____ ☐ ___ ___ Date: _____

☐ 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 _____

Appointment Info back to referring physician ☐ Faxed ☐ New patient packet mailed **Date**: _____

7/30/2021