

Physician Referral Form

Is this referral urgent? Yes ☐ No ☐

If urgent appointment is needed, please call 614-293-5123 to speak with a scheduling representative.

Please fill out this form completely, include any clinical documentation relevant to this referral, and fax all documents to 614-293-1456.

Missing information (including clinical documentation) may result in a processing delay.

☐ **Clinical Documentation included**
(Examples include: insurance cards, imaging, lab work, office procedures, office notes, etc.)

Patient Information:

First Name:

Middle Name:

Last Name:

Gender:

Marital Status:

Last 4 digits of SSN:

Date of Birth (mm/dd/yyyy):

Primary Phone:

Street Address:

City:

State:

Zip:

Country:

Details:

Reasons for Referral:

Preferred Physician or Provider Name if Applicable:

Department or Specialty Area:

☐ Consult or Second Opinion ☐ Transfer of Care

Referring Provider Information:

Provider First Name:

Provider Last Name:

Provider Title:

NPI Number:

Street Address:

City:

State:

Zip:

Phone:

Extension:

Fax:

Physician Signature: _____

Please print out this form and include any relevant clinical documentation. Fax all documents to 614-293-1456. A scheduling representative will work with your patient to coordinate the appointment. Your office will receive notification via fax once the appointment has been scheduled. To contact via telephone, please call 614-293-5123 to speak with a scheduling representative.