THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OSU HAVENER EYE INSTITUTE
915 Olentangy River Rd., Ste 5000, Columbus, OH 43212
6435 Post Rd., Dublin, OH 43016

REQUEST FOR CONSULTATION

Patient Information:

Patient Name: ______________________ DOB______________

Patient's Phone: ______________ Patient's MRN: ______________

Patient's Address: ______________________________

Insurance*: ______________________________
HMO patients please note, an approved referral is required at the time of your visit.

Referring Doctor: ______________________________

Doctor Phone: ______________ Doctor Fax ______________

Reason for Consult:

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I look forward to receiving your opinion and advice regarding care of this patient and will resume general care following your consultation or once the patient is stable.

Referring Doctor Signature ______________________________

For Appointment:

Call: (614) 293-8116
Records: (614) 293-4186
Fax: (614) 293-5315
Research: (614) 293-5287

Appointment Details:

☐ Eye & Ear Institute ☐ Dublin

Date: ______________

Time: ________ ☐ AM ☐ PM

Referral Instructions:
- ☐ Emergency
- ☐ Second Opinion Only
- ☐ Consultation
- ☐ Exam & Treatment

Additional Information Included:
- ☐ Last exam note(s) w/ diagnosis
- ☐ Visual Field/ OCT / HRT
- ☐ MRI Report/Film
- ☐ Other visual test ________

Select Specialist *(Please note that some physicians multi-specialize)*:

Cornea/Cataracts
- ☐ Andrew Hendershot, MD (Comprehensive)
- ☐ Rebecca Kuennen, MD (LASIK)
- ☐ Richard Lembach, MD (LASIK)
- ☐ Thomas Mauger, MD

Comprehensive Ophthalmology/Cataracts
- ☐ David Castellano, MD (LASIK)
- ☐ Amit Tandon, MD (LASIK)

Glaucoma/Cataracts
- ☐ Gloria Fleming, MD
- ☐ Shelly Gupta Jain, MD (Comprehensive)
- ☐ Frederick Kapetansky, MD
- ☐ Andrea Sawchyn, MD
- ☐ Mark Slabaugh, MD

Oculoplastics
- ☐ Raymond Cho, MD, FACS
- ☐ Courtney Kauh MD

Neuro-Ophthalmology
- ☐ David Hirsh, MD (Comprehensive)
- ☐ Abbe Craven, MD (Oculoplastics, Orbital Surgery)

Retina
- ☐ Colleen Cebulla, MD, PhD (Ocular Oncology)
- ☐ Frederick Davidorf, MD (Ocular Oncology)
- ☐ L. Carol Laxson, MD, PhD
- ☐ Matthew Ohr, MD
- ☐ Michael Wells, MD
- ☐ Fatoumata Yanoga, MD

Optometry
- ☐ W. Randall McLaughlin, OD, MS (Contact Lenses)
- ☐ John Melnyk, OD, PhD (Anterior) - Carepoint East only
- ☐ Barbara Mihalik, OD
- ☐ Chantelle Mundy, OD (Contact Lenses)
- ☐ Stephanie Pisano, OD (Contact Lenses, Low Vision)
- ☐ Sarah Yoest, OD (Low Vision)

Fax completed form to (614) 293-5315 in advance of the appointment

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Columbus, Ohio 43212

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WEXNER MEDICAL CENTER

REQUEST FOR CONSULTATION

Referring To:

Doctor Name ______________________ Subspeciality ____________

Phone ____________________ Fax ______________________

Address ____

City ___________________________ ST ________ Zip ________

Referring From:

Doctor Name ______________________ Subspeciality ____________

Phone ____________________ Fax ______________________

Address ____

City ___________________________ ST ________ Zip ________

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Phone ____________________ MRN ______________________

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