

Columbus Oncology & Hematology Dublin Cancer Center 6700 Perimeter Drive Dublin, Ohio 43016-8063

Phone: (614) 442-3130 Fax: (614) 442-3145 Westerville Cancer Center 300 Polaris Pkwy, Suite 330 Westerville, Ohio 43082-7813

FIRST VISIT CHECK LIST

The list provided below includes all necessary documents to be completed prior to your first visit. Please complete and sign where applicable before your scheduled appointment time.

New Patient Registration Form

Serving Ohio Since 1987

New Patient Health History

Consent to Release Protected Health Information

Notice of Privacy Practices

COA Patient Assistance Consent

Current Insurance Card(s) to include Pharmacy Benefit - Co-pays are due at the time of service

Driver License or other Photo ID

Current Medication List or Medication Bottles

CD and/or report of past radiology scans/tests (if available)

Thank you for choosing Columbus Oncology Associates, Inc. as your healthcare provider. Our physicians, nurses, and staff are dedicated to providing you with the highest quality of care.