



**PATIENT REFERRAL REQUEST**

Please complete this form in full and fax to **(614) 437-0606** with requested documentation – see below Questions about new patient referrals can be directed to (614) 442-3136 ext 2227(Janine) or ext 2312 (Cary)

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Patient Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Reason for Consult/Diagnosis (PLEASE BE SPECIFIC):  
\_\_\_\_\_

**Please select your Physician(s) of preference:**

- |                 |                       |                      |
|-----------------|-----------------------|----------------------|
|                 | Scott Blair MD        | Shabana Dewani MD    |
| First Available | Andrew Grainger MD    | Joseph Hofmeister MD |
| No Preference   | Erin Macrae MD        | Nse Ntukidem MD      |
|                 | Thomas Sweeney MD     | Jarred Burkart, MD   |
|                 | Elizabeth Kander MD   | Kavya Krishna MD     |
|                 | Sonia Abuzakhm MD     |                      |
|                 | Christopher George MD |                      |
|                 | Peter Kourlas MD      |                      |
|                 | Emily Saul DO         |                      |

Referring Physician: \_\_\_\_\_ Referring Phone: \_\_\_\_\_

Referring Contact Name: \_\_\_\_\_ Referring Fax: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Comments:  
\_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR REFERRAL**

- |                              |                                   |                                |
|------------------------------|-----------------------------------|--------------------------------|
| <b>Progress/Office Notes</b> | <b>Pathology</b>                  | <b>Patient Insurance Cards</b> |
| <b>Operative Reports</b>     | <b>Blood work (6-12 mos)</b>      | <b>Patient Demographics</b>    |
| <b>Recent Scans</b>          | <b>Hospital Discharge Summary</b> |                                |

*Thank you for referring your patient to our practice!*

If this referral is emergent, please have the patient's physician contact our office at (614) 442-3130