Columbus Oncology & Hematology
Serving Ohio Since 1987

810 Jasonway Ave.
Columbus, Ohio 43214-4359
Phone: (614) 442-3130
Fax: (614) 442-3145

6700 Perimeter Dr.
Dublin, Ohio 43016-8063
Phone: (614) 442-3130
Fax: (614) 442-3145

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)

Please select your Location of preference:

Today's Date: _____ ☐ Jasonway ☐ Dublin

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:

☐ First Available
☐ No Preference

☐ Sonia Abuzakhm MD
☐ Christopher George MD
☐ Peter Kourlas MD
☐ Emily Saul DO
☐ Scott Blair MD
☐ Andrew Grainger MD
☐ Erin Macrae MD
☐ Thomas Sweeney MD
☐ Elizabeth Kander MD
☐ Shabana Dewani MD
☐ Joseph Hofmeister MD
☐ Nse Ntukidem MD
☐ Jarred Burkart, MD
☐ Kavya Krishna MD

Referring Physician: _____ Referring Phone: _____

Referring Contact Name: _____ Referring Fax: _____

Primary Care Physician: _____

Comments:

PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR REFERRAL

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

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