



# Columbus Oncology & Hematology

*Serving Ohio Since 1987*

Jasonway Cancer Center  
810 Jasonway Ave.  
Columbus, Ohio 43214-4359

Phone: (614) 442-3130  
Fax: (614) 442-3150

Dublin Cancer Center  
6700 Perimeter Drive  
Dublin, Ohio 43016-8063

Westerville Cancer Center  
300 Polaris Pkwy, Suite 330  
Westerville, Ohio 43082-7813

Please complete this form and fax to **(614) 437-0606** with requested documentation. For any additional questions, please contact our office at **(614) 442-3130** and request to speak with one of our New Patient Referral Coordinators. Thank you.

**Please select your Location of preference:**

Today's Date: \_\_\_\_\_ Jasonway          Dublin          Westerville

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 | Sonia Abuzakhm, MD<br>Peter Kourlas, MD<br>Emily Saul, DO<br>Nse Ntukidem, MD<br>Andrew Grainger, MD | Erin Macrae MD<br>Thomas Sweeney MD<br>Elizabeth Kander MD<br>Chitra Mani, MD | Shabana Dewani MD<br>Joseph Hofmeister MD<br>Jarred Burkart, MD<br>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 | Pathology                  | Patient Insurance Cards |
| Operative Reports     | Blood work (6-12 mos)      | Patient Demographics    |
| Recent Scans          | Hospital Discharge Summary |                         |

*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