

Physician Referral Form

Is this referral urgent? Yes No

If urgent, physician office please fax referral form to 614-293-1456, then call 614-293-5123 to expedite order entry.

Is this referral for: Specialist/Consultation Procedure/Testing Only

Please fill out this form completely, include any relevant clinical documentation, and fax all documents to 614-293-1456. Missing information may result in a processing delay. A scheduling representative will work with your patient to coordinate the appointment. Your office will receive notification per your preference on file (fax, U.S. mail or OSU DocLink) once the appointment has been scheduled. To check on the status of the referral, please call 614-293-5123 to speak with a representative.

Clinical Documentation Included
(Examples include: insurance cards, imaging, lab work, office procedures, office notes, etc.)

Patient Information:

First Name:	Middle Name:	Last Name:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Primary Phone:	Date of Birth (mm/dd/yyyy):	Gender:	Last 4 digits of SSN:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address:		City:	
<input type="text"/>		<input type="text"/>	
State:	Zip:	Country:	If non-English speaking, language:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Referral to:

Department or Specialty Area:	Reasons for Referral:	
<input type="text"/>	<input type="text"/>	
Preferred Physician (if known):	Diagnosis:	ICD 10:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referring from:

Provider First Name:	Provider Last Name:	Provider Medical Title (MD, RN, etc.):
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone:	NPI Number:	Form Completed by:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address:		City:
<input type="text"/>		<input type="text"/>
State:	Zip:	Fax:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Physician Signature (required): _____