

# Physician Referral Form



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

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

## Patient Information:

First Name:

Sang

Middle Name:

Hoon

Last Name:

Pai

Primary Phone:

22593)29253-  
429124

Date of Birth (mm/dd/yyyy):

01/23/1923

Gender:

Male

Last 4 digits of SSN:

Street Address:

9895552  
random st

City:

city

State:

CO

Zip:

9275584

Country:

US

If non-English speaking, language:

Spanish

## Referral to:

Department or Specialty Area:

Reasons for Referral:

Preferred Physician (if known):

Dr John Doe

Diagnosis:

ICD 10:

## Referring from:

Provider First Name:

John

Provider Last Name:

Though

Provider Medical Title (MD, RN, etc.):

MD

Phone:

+1 42249  
2291 89457

NPI Number:

Form Completed by:

Street Address:

790 random  
ave

City:

city

State:

CA

Zip:

467872

Fax:

+1 2854) 9860  
29184

**Physician Signature (required):** \_\_\_\_\_

*March 2018*