

# 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

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

## Patient Information:

First Name:

Middle Name:

Last Name:

Primary Phone:

Date of Birth (mm/dd/yyyy):

Gender:

Last 4 digits of SSN:

Street Address:

City:

State:

Zip:

Country:

If non-English speaking, language:

## Referral to:

Department or Specialty Area:

Reasons for Referral:

Preferred Physician (if known):

Diagnosis:

ICD 10:

## Referring from:

Provider First Name:

Provider Last Name:

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

Phone:

NPI Number:

Form Completed by:

Street Address:

City:

State:

Zip:

Fax:

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