

### Referral Form- Fax to (614)754-5601

Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Completed By: \_\_\_\_\_

Referring Office Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Direct Address: \_\_\_\_\_

Patient Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M or F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient's email address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

 Patient agrees to accept text messages to the provided mobile phone number regarding information on scheduling their appointmentInsurance: \_\_\_\_\_ Does insurance require a referral? Yes / No **(If yes, please attach a copy of referral)**

Subscriber ID Number: \_\_\_\_\_ Subscriber Name &amp; DOB: \_\_\_\_\_ (if different than the patient)

**Please send the following information with your completed referral:**

- Copy of the patient's insurance card (front and back) – card must be legible
- Any relevant medical records**       Weight \_\_\_\_\_       Height \_\_\_\_\_
- Patient has had endoscopic procedures within the last 5 years

**Referral For:**

- Office Consultation
- Colonoscopy
- Upper Endoscopy (EGD)
- Endoscopic Ultrasound (EUS)
- Other: \_\_\_\_\_

**Reason For Referral (Diagnosis or Symptoms):** \_\_\_\_\_**Referred To:**

- Any Location / Any Physician

**Specific Location:**

- NORTH - 3400 Olentangy River Rd., Cols. OH 43202
- WEST – 815 West Broad St., Ste. 220, Cols. OH 43222
- EAST – 85 McNaughten Rd., Ste. 320, Cols. OH 43213
- PICKERINGTON- 1025 Refugee Rd., Pickerington OH 43147
- DUBLIN – 6670 Perimeter Dr., Ste. 200, Dublin, OH 43016
- WESTERVILLE – 450 Alkyre Run Dr., Ste. 350, Westerville, OH 43082

**Specific Physician:**

- \_\_\_\_\_

**Please fax all completed referral forms to (614) 754-5601.**

To access our online referral, please visit [www.ohiogastro.com](http://www.ohiogastro.com) & click on "PHYSICIAN REFERRALS".

For questions or to reach our central scheduling department directly, please call (614) 754-5600.

If your patient's needs are emergent, please have the patient's physician call our office at 614-754-5500.

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