Physician Referral Form

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Is this referral urgent? Yes ◯ No ◯

Is this referral for? Specialist/Consultation ◯ Procedure/Testing only ◯

Fax the referral form and clinical documentation to 614-293-1456. If urgent, after faxing call 614-293-5123 to expedite order entry.

Is this referral for? Oncology ◯

Fax the referral form and clinical documentation to 614-293-9449. If urgent, call The James Line at 1-800-293-5066 to expedite.

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 offce 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? Yes ◯ No ◯

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 code:

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 code:

Fax:

Physician signature (required): _____