



Columbus Oncology & Hematology Associates

An Ohio Oncology & Hematology, LLC Practice

810 Jasonway Avenue, Columbus, Ohio 43214

www.COAinc.net

PATIENT REFERRAL REQUEST

Please complete this form in full and fax to (614) 437-0606 with requested documentation – see below
Questions about new patient referrals can be directed to (614) 442-3130 (ask for Janine)

Today's Date: ____/____/____

Patient Name: _____	DOB: ____/____/____	SSN#: _____	-	-	REQUIRED
Patient Address: _____					
Street	City	State	Zip Code		
Preferred Contact #: (____) _____		Alternate Contact #: (____) _____			
Primary Insurance: _____		ID #: _____	Group #: _____		
Secondary Insurance: _____		ID #: _____	Group #: _____		
Reason for Consult/Diagnosis (<i>PLEASE BE SPECIFIC</i>): _____					

Please circle preferred Physician: First Available / No Preference

Sonia Abuzakhm MD
Andrew Grainger MD
Erin Macrae MD

Scott Blair MD
Joseph Hofmeister MD
Nse Ntukidem MD

Christopher George MD
Peter Kourlas MD
Thomas Sweeney MD

Referring Physician: _____	Referring Phone: (____) _____
Referring Contact Name: _____	Referring Fax: (____) _____
Primary Care Physician: _____	
Comments: _____	

PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR REFERRAL

Progress/Office Notes
Operative Reports
Recent Scans

Pathology
Blood work
Hospital Discharge Summary

Patient Insurance Cards
Patient Demographics

Thank you for referring your patient to our practice!

If this referral is emergent, please have the patient's physician contact our office at (614) 442-3130