

PLEASE FAX COMPLETED FORM TO **(614) 961-4152**

**YOU CAN ALSO SEND A REFERRAL ONLINE AT  
OhioENTandAllergy.com**

*IF YOU NEED TO CALL TO SCHEDULE THE REFERRAL, PLEASE CALL (614) 827-0009.*

**Patient Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Best Number To Reach Patient / Parent:** \_\_\_\_\_

**Appointment To Be Scheduled For:** \_\_\_\_\_

<input type="checkbox"/> Allergic Rhinitis	<input type="checkbox"/> Drug Allergies	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Urticaria
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eczema	<input type="checkbox"/> Immune Deficiency	<input type="checkbox"/> Other _____

**Chief Complaints / Signs / Symptoms:**

\_\_\_\_\_

\_\_\_\_\_

**Referring Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

### Request a Physician

<input type="checkbox"/> Scott Bagenstose, MD	<input type="checkbox"/> Roger Friedman, MD	<input type="checkbox"/> David Hauswirth, MD
<input type="checkbox"/> Mehmet Basaran, MD	<input type="checkbox"/> Megan Goebel, MD	<input type="checkbox"/> Basil Kahwash, MD
	<input type="checkbox"/> Michael Goodman, MD	<input type="checkbox"/> Philip Rancitelli, MD

### OR Request a Location

<input type="checkbox"/> <b>Columbus</b> 974 Bethel Rd.	<input type="checkbox"/> <b>Delaware / Lewis Center</b> 801 OhioHealth Blvd.	<input type="checkbox"/> <b>Grove City</b> 2526 London Groveport Rd.
<input type="checkbox"/> <b>Columbus</b> 6573 E. Broad St.	<input type="checkbox"/> <b>Dublin</b> 6670 Perimeter Dr.	<input type="checkbox"/> <b>Westerville</b> 477 Cooper Rd.
	<input type="checkbox"/> <b>Gahanna</b> 1110 Beecher Crossing N.	