

Date faxed: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Email: \_\_\_\_\_ Insurance: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Reason for Referral: **Please FAX patient demographic information, copy of insurance card and medical records to (614) 729-7702**

### Your Appointment is With (please check one)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Ronney Abaza, MD, FACS       | <input type="checkbox"/> Jack Ogilvie, MD           | <input type="checkbox"/> Michelle Bennett, MS, PA-C          | <input type="checkbox"/> Victoria Lesniak, MSPAS, PA-C         |
| <input type="checkbox"/> Scott D. Barkin, DO          | <input type="checkbox"/> Linda S. Osborne, DO       | <input type="checkbox"/> Morgan Bitzel, PA-C                 | <input type="checkbox"/> Melanie Mackey, DNP, APRN, FNP-BC     |
| <input type="checkbox"/> William E. Bloch, MD         | <input type="checkbox"/> Rashmi "Rush" I. Patel, MD | <input type="checkbox"/> Jennifer Black, PA-C                | <input type="checkbox"/> Amanda L. Maggart, MMS, PA-C          |
| <input type="checkbox"/> Jeffrey M. Carey, MD         | <input type="checkbox"/> Sara Q. Perkins, MD        | <input type="checkbox"/> Michelle Castilla, MSN, APRN, FNP-C | <input type="checkbox"/> Daniel Menefee, MSN, APRN, FNP-C      |
| <input type="checkbox"/> Andy J. Cho, MD              | <input type="checkbox"/> E. Bradley Pewitt, MD, PhD | <input type="checkbox"/> Alyssa Dillon, MSN, APRN, FNP-C     | <input type="checkbox"/> Meghan Murphy, PA-C                   |
| <input type="checkbox"/> Jonathan J. Corbett, MD      | <input type="checkbox"/> Matthew R. Riebel, MD      | <input type="checkbox"/> Austin Duprey, MS, PA-C             | <input type="checkbox"/> James Oswald, NP                      |
| <input type="checkbox"/> Michael F. Cunningham, MD    | <input type="checkbox"/> Colin P. Ryan, MD          | <input type="checkbox"/> Riley Guest, PA-C                   | <input type="checkbox"/> Lauren Popson, MSN, APRN, FNP-C, RNFA |
| <input type="checkbox"/> William P. Gianakopoulos, MD | <input type="checkbox"/> Frederick L. Taylor, MD    | <input type="checkbox"/> Ruth Hopler, MSN, APRN, FNP-C       | <input type="checkbox"/> Alyssa Shepherd, APRN, FNP-C          |
| <input type="checkbox"/> Benjamin J. Martin, MD       | <input type="checkbox"/> Adam C. Weiser, MD         | <input type="checkbox"/> Rylie Ingham, PA-C                  | <input type="checkbox"/> Whitney A. Staub, MSN, APRN, FNP-C    |
| <input type="checkbox"/> Andrew M. Ng, MD             |   | <input type="checkbox"/> Nisha Keeler, CNP                   |  |

### MEDICAL OFFICES

- 1. Gahanna**  
701 Tech Center Drive  
Gahanna, OH 43230
- 2. Worthington**  
350 W. Wilson Bridge Road  
Worthington, OH 43085
- 3. Dublin**  
4101 Emerald Parkway, Suite 260  
Dublin, OH 43016
- 4. Grove City**  
6024 Hoover Road, Suite F  
Grove City, OH 43123
- 5. Grove City**  
5775 North Meadows Drive, Suite C  
Grove City, OH 43123
- 6. Hilliard**  
4674 Britton Parkway, Suite 1300  
Hilliard, OH 43026
- 7. Mt. Vernon**  
11301 Upper Gilchrist Road, Unit A  
Mt. Vernon, OH 43050
- 8. Pickerington**  
1509 Stonecreek Drive  
Pickerington, OH 43147
- 9. Westerville**  
625 Africa Road  
Suite 200 and Suite 340  
Westerville, OH 43082
- 10. Westerville**  
400 Altair Parkway, Suite 3300  
Westerville, OH 43082

### PROSTATE CANCER CENTERS

- 11. Advanced Prostate Cancer Clinic**  
701 Tech Center Drive  
Gahanna, OH 43230
- 12. Advanced Prostate Cancer Clinic**  
350 W. Wilson Bridge Road  
Worthington, OH 43085
- 13. Columbus Prostate Cancer Center/  
Radiation Oncology Clinic**  
620 B Morrison Road  
Gahanna, OH 43230

### SURGERY CENTER

- 14. Central Ohio Urology Surgery Center**  
701 Tech Center Drive, Suite 200  
Gahanna, OH 43230

### INTERVENTIONAL RADIOLOGY

- 15. IR Center**  
350 W. Wilson Bridge Road  
Worthington, OH 43085