

Please fax completed form to **(614) 233-2354**

**\*\*For urgent / same day appointments please call Central Scheduling (below)\*\***

(614) 273-2230 or Toll Free (833) 273-2230

**PRESS "9" TO SAVE TIME! NO NEED TO WAIT ON HOLD! \*REFERRING OFFICES ONLY**

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

Best Phone Number To Reach Patient: \_\_\_\_\_

Appointment To Be Scheduled (select all that apply):

<input type="checkbox"/> Medical Consult ONLY	<input type="checkbox"/> Audiological Evaluation ONLY
<input type="checkbox"/> Medical Consult with Audiological Evaluation	<input type="checkbox"/> Vestibular Evaluation-ENG/VNG ONLY
<input type="checkbox"/> Medical Consult with Vestibular Evaluation-ENG/VNG	<input type="checkbox"/> Voice Evaluation ONLY
<input type="checkbox"/> Medical Consult with Voice Evaluation	<input type="checkbox"/> VLS (Videolaryngostroboscopy) ONLY
<input type="checkbox"/> Medical Consult with VLS (Videolaryngostroboscopy)	<input type="checkbox"/> Fiberoptic Endoscopic Examination of Swallowing (FEES)

Chief Complaints / Signs / Symptoms:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

**Request A Physician**

<input type="checkbox"/> J. Paul Burkhart, DO	<input type="checkbox"/> Jeffery B. Hiltbrand, MD	<input type="checkbox"/> Cherie Ryoo, MD
<input type="checkbox"/> Patrick L. Bockenstedt, MD	<input type="checkbox"/> Steven M. Hirsch, MD	<input type="checkbox"/> Ashish R. Shah, MD
<input type="checkbox"/> Subinoy Das, MD	<input type="checkbox"/> Richard T. Irene, MD	<input type="checkbox"/> Adam C. Spiess, MD
<input type="checkbox"/> Alfred J. Fleming, MD	<input type="checkbox"/> Michael J. Loochtan, MD	<input type="checkbox"/> Evan J. Tobin, MD
<input type="checkbox"/> Iain L. Grant, MBChB (AUS)	<input type="checkbox"/> James D. Lowery, MD	<input type="checkbox"/> Darryl N. Willett, MD
<input type="checkbox"/> Akash Gupta, MD	<input type="checkbox"/> Michael D. Martyn, MD	
<input type="checkbox"/> Jeffrey A. Hall, MD	<input type="checkbox"/> Blaize A. O'Brien, MD	
<input type="checkbox"/> Joseph E. Hall, MD	<input type="checkbox"/> David M. Powell, MD	

**OR Request A Location** \*Please note, Newark is for pediatric patients only.

<input type="checkbox"/> Delaware / Lewis Center 801 OhioHealth Blvd.	<input type="checkbox"/> East 6499 E. Broad St.	<input type="checkbox"/> Newark * 1671 W. Main St.	<input type="checkbox"/> Westerville 477 Cooper Rd.
<input type="checkbox"/> Dublin 6670 Perimeter Dr.	<input type="checkbox"/> Grove City 2526 London Groveport Rd.	<input type="checkbox"/> Northwest 974 Bethel Rd.	