

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"/> Scott Kramer, MD	<input type="checkbox"/> Adam C. Spiess, MD
<input type="checkbox"/> Patrick L. Bockenstedt, MD	<input type="checkbox"/> Michael J. Loochtan, MD	<input type="checkbox"/> Evan J. Tobin, MD
<input type="checkbox"/> Subinoy Das, MD	<input type="checkbox"/> James D. Lowery, MD	<input type="checkbox"/> Andrew J. Tompkins, MD, MBA
<input type="checkbox"/> Alfred J. Fleming, MD	<input type="checkbox"/> Michael D. Martyn, MD	<input type="checkbox"/> Darryl N. Willett, MD
<input type="checkbox"/> Akash Gupta, MD	<input type="checkbox"/> Blaize A. O'Brien, MD	
<input type="checkbox"/> Jeffrey A. Hall, MD	<input type="checkbox"/> David M. Powell, MD	
<input type="checkbox"/> Joseph E. Hall, MD	<input type="checkbox"/> Cherie Ryoo, MD	
<input type="checkbox"/> Steven M. Hirsch, MD	<input type="checkbox"/> Ashish R. Shah, 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 6573 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.	