Ohio ENT & Allergy Physicians

Allergy Referral

☐ Patient will need an interpreter

Language needed ______________

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: ______________________________

☐ Allergic Rhinitis	☐ Drug Allergies	☐ Food Allergies	☐ Urticaria
☐ Asthma	☐ Eczema	☐ Immune Deficiency	☐ Other__________

Chief Complaints / Signs / Symptoms:

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Referring Physician: ______________________________ **Phone:** ______________

Signature: ______________________________ **Fax:** ______________

Request a Physician

☐ Scott Bagenstose, MD	☐ Roger Friedman, MD	☐ David Hauswirth, MD
☐ Mehmet Basaran, MD	☐ Megan Goebel, MD	☐ Philip Rancitelli, MD
	☐ Michael Goodman, MD	

OR Request a Location

☐ **Columbus** 974 Bethel Rd.	☐ **Delaware / Lewis Center** 801 OhioHealth Blvd.	☐ **Grove City** 2526 London Groveport Rd.
☐ **Columbus** 6573 E. Broad St.	☐ **Dublin** 6670 Perimeter Dr.	☐ **Westerville** 477 Cooper Rd.
	☐ **Gahanna** 1110 Beecher Crossing N.	