

PLEASE FAX COMPLETED FORM TO **(614) 233-2354**

**FOR URGENT / SAME DAY APPOINTMENTS, PLEASE CALL CENTRAL SCHEDULING AT:
(614) 273-2230**

Patient Name: _____ D.O.B. _____

Best Phone Number To Reach Patient: _____

Appointment To Be Scheduled (*select all that apply*):

<input type="checkbox"/> Medical Consult	<input type="checkbox"/> Audiological Evaluation
<input type="checkbox"/> Medical Consult with Audiological Evaluation	<input type="checkbox"/> Vestibular Evaluation-ENG/VNG
<input type="checkbox"/> Medical Consult with Vestibular Evaluation-ENG/VNG	<input type="checkbox"/> Voice Evaluation
<input type="checkbox"/> Medical Consult with Voice Evaluation	<input type="checkbox"/> VLS (Videolaryngostroboscopy)
<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"/> Jenna Barengo, MD	<input type="checkbox"/> Steven M. Hirsch, MD	<input type="checkbox"/> Cherie Ryoo, MD
<input type="checkbox"/> Patrick L. Bockenstedt, MD	<input type="checkbox"/> Rohan Khandalavala, MD	<input type="checkbox"/> Jeff Schafer, MD
<input type="checkbox"/> J. Paul Burkhart, DO	<input type="checkbox"/> Scott Kramer, MD	<input type="checkbox"/> Ashish R. Shah, MD
<input type="checkbox"/> Eugene Chio, MD	<input type="checkbox"/> Michael J. Loochtan, MD	<input type="checkbox"/> Adam C. Spiess, MD
<input type="checkbox"/> Alfred J. Fleming, MD	<input type="checkbox"/> James D. Lowery, MD	<input type="checkbox"/> David Straka, MD
<input type="checkbox"/> Akash Gupta, MD	<input type="checkbox"/> Michael D. Martyn, MD	<input type="checkbox"/> Evan J. Tobin, MD
<input type="checkbox"/> Jeffrey A. Hall, MD	<input type="checkbox"/> Blaize A. O'Brien, MD	<input type="checkbox"/> Andrew J. Tompkins, MD, MBA
<input type="checkbox"/> Joseph E. Hall, MD	<input type="checkbox"/> David M. Powell, MD	

OR REQUEST A LOCATION

<input type="checkbox"/> 974 Bethel Rd., Ste. A Columbus, OH 43214	<input type="checkbox"/> 801 OhioHealth Blvd., Ste. 220 Delaware, OH 43015	<input type="checkbox"/> (<i>pediatric ENT only</i>) 1671 W. Main St. Newark, Ohio 43055
<input type="checkbox"/> 6573 E. Broad St. Columbus, OH 43213	<input type="checkbox"/> 6670 Perimeter Dr., Ste. 120 Dublin, OH 43016	<input type="checkbox"/> 477 Cooper Rd., Ste. 480 Westerville, OH 43081
	<input type="checkbox"/> 2526 London Groveport Rd. Grove City, OH 43123	