



A DIVISION OF AMERICAN ONCOLOGY PARTNERS, P.A.

## NEW PATIENT REFERRAL FORM

Referral Fax: (614) 548-8340

A PDF version is available to download at: [ZangCenter.com](http://ZangCenter.com)

☐ MEDICAL ONCOLOGY

☐ HEMATOLOGY

### COLUMBUS

3100 Plaza Properties Blvd., Columbus, OH 43219 • (614) 383-6000

☐ Tarek. A. Chidiac, MD

☐ Katherine Exten, MD

☐ Mark H. Knapp, MD

☐ Jeanna L. Knoble, MD

☐ Sameh Mikhail, MD

☐ Timothy D. Moore, MD

☐ Christa Nagel, MD

☐ David O'Malley, MD

☐ Taral Patel, MD

☐ Jorge A. Rios, MD

☐ Hiral A. Shah, MD

☐ Kothai Sundaram, MD

☐ Emily Whitman, MD

☐ Gynecologic Oncology

☐ 1st Available

### GROVE CITY

5500 North Meadows Dr., Suite 230, Grove City, OH 43123 • (614) 347-4939

☐ Sameh Mikhail, MD

☐ Timothy D. Moore, MD

☐ Jorge A. Rios, MD

☐ Emily Whitman, MD

☐ 1st Available

REASON FOR CONSULT/DX CODE (REQUIRED) \_\_\_\_\_

Urgency: ☐ ASAP (24 hrs.) ☐ Routine (48-72 hrs.) ☐ 1-2 Weeks

Patient Name \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_ Referring Doctor \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary Care Provider (if different than the referring doctor) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary Insurance Carrier \_\_\_\_\_

Name of Primary Policy Holder \_\_\_\_\_

Policy #/Group ID \_\_\_\_\_

***Thank you for entrusting your patients' care to Zangmeister Cancer Center.***

*We appreciate your confidence in ZCC to care for your patients. Thank you for taking the time to send all required paperwork at time of referral (**recent office notes, lab, radiology reports and ALL pathology**) so we may see your patient as soon as possible. Please contact the office if you have any questions regarding necessary paperwork. **Thank you.***