OhioGastro
Ohio Gastroenterology Group, Inc.

Referral Form - Fax to (614)754-5601

Referring Physician: ______________________________ Date: ____________________ Completed By: ________________

Referring Office Phone #: __________________________ Fax #: ____________________

Direct Address: ohio.gastro@directaddress.net

Patient Name: ____SS: ______________________DOB: __________Sex: M or F

Address: __________________________________City: ________________State: _______ Zip: _________

Patient's email address: ____

Home Phone: _______________________Work Phone: _______________________ Mobile Phone: ______________________

❒ Patient agrees to accept text messages to the provided mobile phone number regarding information on scheduling their appointment.

Insurance: __________________________Does insurance require a referral? Yes / No **(If yes, please attach a copy of referral)**

Subscriber ID Number: _________________________Subscriber Name & DOB:____________________(if different than the patient)

Please send the following information with your completed referral:
- ❒ Copy of the patient's insurance card (front and back) – card must be legible.
- ❒ **Any relevant medical records or endoscopic procedures within the last 5 years**
- ❒ ❒ Weight_______ ❒ Height______________

Referral For:
- ❒ Office Consultation
- ❒ Colonoscopy
- ❒ Upper Endoscopy (EGD)
- ❒ Endoscopic Ultrasound (EUS)
- ❒ Other: _______________________

Reason For Referral (Diagnosis or Symptoms): ____

Referred To:
- ❒ Any Location / Any Physician
- ❒ Specific Physician:_______________________________________

Specific Location:

- ❒ Dublin: 6670 Perimeter Drive, Dublin OH 43016
- ❒ East: 85 McNaughten Road, Columbus OH 43213
- ❒ Gahanna: 722 Buckles Court North, Gahanna OH 43230
- ❒ North: 3400 Olentangy River Road, Columbus OH 43202
- ❒ Pickerington: 1025 Refugee Road, Pickerington OH 43147
- ❒ Westerville: 430 Altair Parkway, Westerville OH 43082

To access our online referral, please visit www.ohiogastro.com & click on "Request an Appointment".

If your patient's needs are emergent, please have the patient's physician call our office at 614-754-5500.

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Updated: 2/21/25