

**MEDICAL ONCOLOGY**

**HEMATOLOGY**

**COLUMBUS**

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

Tarek. A. Chidiac, MD

Katherine Exten, MD

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Taral Patel, MD

Jorge A. Rios, MD

Mark L. Segal, 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.***