

**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

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

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.***