



 **REFERRAL REQUEST FORM** 
COSA COMPREHENSIVE BREAST CENTER

FOR ROUTINE CONSULTS FAX TO (614) 545-2997
FOR URGENT OR STAT CONSULTS, PLEASE CALL (614) 222-8000 OR (614) 864-6363

REFERRING PHYSICIAN _____ FAX NUMBER _____ DATE OF CONSULT _____

PATIENT NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

PATIENT ADDRESS _____ PATIENT PHONE NUMBER _____

PATIENT PRIMARY INSURANCE _____ YES _____ NO _____
REFERRAL REQUIRED?

REASON FOR REFERRAL _____

PLEASE FAX RELEVANT MEDICAL RECORDS, DEMOGRAPHIC INFORMATION, & INSURANCE CARDS
PLEASE SCHEDULE PATIENT FOR CONSULTATION & TREATMENT WITH:

- | | |
|--|--|
| <input type="checkbox"/> KRISTINE SLAM, MD, F.A.C.S. | <input type="checkbox"/> JEFFREY TURNER, MD, F.A.C.S. |
| <input type="checkbox"/> STEVEN REITZ, MD, F.A.C.S. | <input type="checkbox"/> JASON KEITH, MD, F.A.C.S. |
| <input type="checkbox"/> FERNANDO AGUILA, MD | <input type="checkbox"/> LOWELL CHAMBERS, MD, F.A.C.S. |
| <input type="checkbox"/> THOMAS VARA, MD, F.A.C.S. | <input type="checkbox"/> ADAM ZOCHOWSKI, MD, F.A.C.S. |
| <input type="checkbox"/> FIRST AVAILABLE PHYSICIAN | |

OFFICE LOCATIONS:

COSA EAST
6075 E. BROAD STREET
COLUMBUS, OHIO 43213

COSA WEST
750 MOUNT CARMEL MALL, BUILDING #3
SUITE 330 (METRO) AND SUITE 200 (MOSA)
COLUMBUS, OHIO 43222

CENTRAL OHIO SURGICAL ASSOCIATES, INC USE ONLY:

- PATIENT SCHEDULED, DATE AND TIME OF VISIT _____
- PATIENT NOT SCHEDULED, REASON _____

Thank you for choosing Central Ohio Surgical Associates, Inc.! We appreciate this opportunity to work with you and your patient!