



**First available** (select department below)

## Referral Form

### **DERMATOLOGY**

725 University Blvd | Fairborn, Ohio 45324  
Phone: (937) 224-7546 | Fax: (937) 224-0887

- Holly Hahn, M.D.
- Drew Kurtzman, M.D.
- Elizabeth Muennich, M.D.
- Alison Heacock, PA-C
- D. Greg Palmer, M.D.
- Jeffrey B. Travers, M.D.
- Julian J. Trevino, M.D.

### **FAMILY MEDICINE**

725 University Blvd | Fairborn, Ohio 45324  
Phone: (937) 245-7200 | Fax: (866) 585-5496

- S. Bruce Binder, M.D.
- Marjorie A. Bowman, M.D.
- Katharine Conway, M.D.
- John F. Donnelly, M.D.
- Joy L. Forcier, LISW
- Denise Griffith, M.D.
- Lisa C. Kellar, M.D.
- Jennifer Lee, D.O.
- F. Stuart Leeds, M.D.
- Cynthia G. Olsen, M.D.
- Anne M. Proulx, D.O.
- Peter Reynolds, M.D.
- Shaun Spielman, M.D.
- Nicole Y. Turkson, M.D.

### **GERIATRICS**

725 University Blvd | Fairborn, Ohio 45324  
Phone: (937) 401-1100 | Fax: (866) 777-2180

- Kelsey Drasga, APRN-CNP
- Larry W. Lawhorne, M.D.
- Steven K. Swedlund, M.D.

### **SPORTS MEDICINE**

725 University Blvd | Fairborn, Ohio 45324  
Phone: (937) 245-7333 | Fax: (937) 245-7311

- Corey J. Ellis, M.D.

### **INTERNAL MEDICINE**

1222 S. Patterson Blvd, Suite 210 | Dayton, Ohio 45402  
Phone: (937) 223-5350 | Fax: (937) 224-3112

- Dean A. Bricker, M.D.
- Luke McCoy, M.D.
- Kerianne Springer, M.D.
- Thomas Koroscil, M.D.
- Ankur Gupta, M.D.
- Infectious Disease*
- Steven D. Burdette, M.D.
- John S. Czachor, M.D.
- Hari Polenakovik, M.D.
- Ryan Q. Simon, M.D.
- Endocrinology*
- Headache Specialist*
- Glen Solomon, M.D.

### **OBSTETRICS & GYNECOLOGY**

400 Sugar Camp Circle, Suite 101 | Dayton, Ohio 45409  
Phone: (937) 245-7777 | Fax: (937) 245-7778

- Sheela M. Barhan, M.D.
- Josette D'Amato, D.O.
- Janice M. Duke, M.D.
- Michael Galloway, D.O.
- Marilyn Kindig, D.O.
- Shannon Madison, M.D.
- William Nahhas, M.D.
- Theodore Talbot, M.D.
- Geoffrey Towers, M.D.
- Misty Uhl, APRN
- Jerome Yaklic, M.D.

### **SURGERY**

30 E. Apple St., Suite 5253 | Dayton, Ohio 45409  
Phone: (937) 208-2552 | Fax: (937) 208-6154

- |   |   |
|---|---|
| <i>General</i>                                | <i>Trauma/Acute Care</i>                        |
| <input type="checkbox"/> Linda Barney, M.D.   | <input type="checkbox"/> Peter Ekeh, M.D.       |
| <input type="checkbox"/> Margaret Dunn, M.D.  | <input type="checkbox"/> Cathline Layba, M.D.   |
| <input type="checkbox"/> Phillip Heyse, M.D.  | <input type="checkbox"/> Gregory Semon, D.O.    |
| <input type="checkbox"/> Melissa Roelle, M.D. | <input type="checkbox"/> Mbagwa Walusimbi, M.D. |
| <input type="checkbox"/> Joon Shim, M.D.      | <input type="checkbox"/> Randy Woods, M.D.      |

## Patient Information

Patient's Name \_\_\_\_\_ M / F DOB: \_\_\_\_\_

(first) (middle) (last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Primary Ins: \_\_\_\_\_ Member ID \_\_\_\_\_

**IMPORTANT:** If the patient has an HMO or POS plan that requires a referral, please **include the referral form** from the insurance with the authorization number, number of visits authorized and effective dates

We are contracted with most insurance plans.  
It is the patient's responsibility to know their network providers.

## Referring Physician Information

Referring Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

NPI # \_\_\_\_\_ Primary Diagnosis: \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

**All pertinent office notes, labs and imaging reports are needed prior to scheduling an appointment.**

*Please fax this form to the appropriate department selected above along with any and all records pertinent to reason for consult.*