



First available (select department below)

Referral Form

DERMATOLOGY

725 University Blvd, 1st Floor | Fairborn, Ohio 45324

Phone: (937) 245-7200 | Fax: (937) 224-0887

- Bryan Dooley, PA
- Alison Heacock, PA
- Elizabeth Muennich, M.D.
- D. Greg Palmer, M.D.
- Jeffrey B. Travers, M.D.
- Julian J. Trevino, M.D.

FAMILY MEDICINE

725 University Blvd, 2nd Floor | Fairborn, Ohio 45324

Phone: (937) 245-7200 | Fax: (866) 585-5496

- S. Bruce Binder, M.D.
- Ryan Brenner, PA
- Katharine Conway, M.D.
- Michelle Dodds, APRN
- John F. Donnelly, M.D.
- Joy L. Forcier, LISW
- Christine Huang, D.O.
- Lisa C. Kellar, M.D.
- Jennifer Lee, D.O.
- F. Stuart Leeds, M.D.
- Cynthia G. Olsen, M.D.
- Anne M. Proulx, D.O.
- Marc Raslich, M.D.
- Peter Reynolds, M.D.
- Mary Beth Rodes, M.D.
- Shaun Spielman, M.D.
- Nicole Y. Turkson, M.D.
- Marcus Washington, M.D.

GERIATRICS

725 University Blvd, 1st Floor | Fairborn, Ohio 45324

Phone: (937) 245-7200 | Fax: (866) 777-2180

- Gail Doxsie, NP
- James Lamb, M.D.
- Steven K. Swedlund, M.D.

SPORTS MEDICINE

725 University Blvd, 2nd Floor | Fairborn, Ohio 45324

Phone: (937) 245-7200 | Fax: (937) 245-7311

- Corey J. Ellis, M.D.

INTERNAL MEDICINE

1222 S. Patterson Blvd | Dayton, Ohio 45402

Phone: (937) 245-7200 | Fax: (937) 224-3112

- Dean A. Bricker, M.D.
- Luke McCoy, M.D.
- Kerianne Springer, M.D.
- James Lamb, M.D.
- Thomas Koroscil, M.D.
- Ankur Gupta, M.D.
- Infectious Disease*
- Steven D. Burdette, M.D.
- Kelli Huesman, PA
- 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) 245-7200 | Fax: (937) 245-7778

- Sheela M. Barhan, M.D.
- Josette D'Amato, D.O.
- Janice M. Duke, M.D.
- Marilyn Kindig, D.O.
- Theodore Talbot, M.D.
- Geoffrey Towers, M.D.
- Misty Mokrycki, APRN

SURGERY

30 E. Apple St., Suite 6258 | Dayton, Ohio 45409

Phone: (937) 245-7200 | Fax: (937) 245-7913

- | | |
|----------------------------------------------------|-------------------------------------------------|
| <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"/> Alyssa Gans, M.D. |
| <input type="checkbox"/> Phillip Heyse, M.D. | <input type="checkbox"/> Cathline Layba, M.D. |
| <input type="checkbox"/> Melissa Roelle, M.D. | <input type="checkbox"/> Gregory Semon, D.O. |
| <input type="checkbox"/> Christopher Schneider, MD | <input type="checkbox"/> Mbagwa Walusimbi, M.D. |
| <input type="checkbox"/> Joon Shim, M.D. | <input type="checkbox"/> Yee Wong, 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 listed above along with any and all records pertinent to reason for consult.