Wright State Physicians

☐ **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
- ☐ Drew Kurtzman, M.D.
- ☐ 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

5678 Far Hills Ave| Kettering, Ohio 45429
30 East Apple St., Suite 6258| Dayton, Ohio 45429
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.

Endocrinology

- ☐ Thomas Koroscil, M.D.
- ☐ Ankur Gupta, M.D.
- ☐ Sonia Bennett, M.D.

Infectious Disease

- ☐ Katelyn Booher, D.O.
- ☐ Steven D. Burdette, M.D.
- ☐ Kelli Huesman, PA
- ☐ Hari Polenakovik, M.D.
- ☐ Ryan Q. Simon, M.D.

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.
- ☐ Keith Reisinger-Kindle, 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

General

- ☐ Linda Barney, M.D.
- ☐ Margaret Dunn, M.D.
- ☐ Phillip Heyse, M.D.
- ☐ Melissa Roelle, M.D.
- ☐ Christopher Schneider, MD
- ☐ Joon Shim, M.D.

Trauma/Acute Care

- ☐ Peter Ekeh, M.D.
- ☐ Alyssa Gans, M.D.
- ☐ Cathline Layba, M.D.
- ☐ Gregory Semon, D.O.
- ☐ Mbaga Walusimbi, M.D.
- ☐ Yee Wong, M.D.
- ☐ 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: _____ 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.

8/26/2020