Integrated Pain Solutions
FOR ACTIVE LIVING
Together With American Pain Consortium

PATIENT REFERRAL

Prefer to submit an online referral? Go to OhioPainSolutions.com and click "Referring Offices" at the top of the page.

COLUMBUS
Phone: 614-383-6450
Fax: 614-383-6455
1210 Gemini Place
Columbus, OH 43240

DUBLIN
Phone: 614-777-5700
Fax: 614-389-3868
5100 Bradenton Ave, Ste A
Dublin, OH 43017

FAIRFIELD
Phone: 513-900-0750
Fax: 513-816-7631
2818 Mack Rd
Fairfield, OH 45014

SPRINGFIELD
Phone: 937-342-1619
Fax: 937-390-7148
1117 E Home Rd
Springfield, OH 45503

REQUIRED DOCUMENTATION

Date: _____

To ensure a smooth referral process, please include the following items when submitting this form (if applicable):

1. 3 Most Recent Office Visit Notes
2. Medication List
3. Diagnostic Reports Within The Last 24 Months
4. Front/Back Of Insurance Card
5. Insurance Referral (If Applicable)

Check if applicable: ☐ Workers' Compensation ☐ Motor Vehicle Accident

PATIENT INFORMATION

Name: _____ DOB: _____ Insurance Carrier: _____

Address: _____ City/State/Zip: _____

Home #: _____ Work #: _____ Mobile #: _____

Diagnosis: _____

_____

REFERRING PHYSICIAN

Name: _____ Practice: _____ NPI #: _____

Address: _____ City/State/Zip: _____

Phone #: _____ Fax #: _____ Office Contact: _____

Email: _____

REQUEST: _____

_____

☐ **COLUMBUS**
_____ David Walega, MD
_____ Kyle Smith, CNP
_____ First Available

☐ **DUBLIN**
_____ Michael Orzo, MD
_____ Kyle Smith, CNP
_____ Andrew McNicol, MD
_____ First Available

☐ **FAIRFIELD**
_____ Humam Akbik, MD
_____ First Available

☐ **SPRINGFIELD**
_____ Omar Ali, MD
_____ First Available

Please fax this form along with recent office notes, medication list, all diagnostic reports, front and back of insurance card(s), and insurance referral.

Questions about the referral process or required documentation? Contact our physican liaison at (614) 957-0266.