



Brian Mussio, D.O.

Laura Miller, D.O.

Saleem Bharmal, M.D.

Referral phone (614) 460-6100

Fax line (614)460-6500

www.hnckidney.com

Physician Consultation Form

Last Name, First, Middle Initial, Home, Work, Cell, Address, City, State, Zip Code, Date of Birth, Social Security#, Need for Interpreter, Language, Primary Insurance, Secondary Insurance

Insurance Referral Authorization Needed? Y OR N Referral#

PLEASE INCLUDE LEGIBLE COPY OF FRONT AND BACK OF ALL INSURANCE CARDS

Reason for Consult, Requesting Physician, Office Contact, Phone, Fax

Location/Physician Request: (Please check)

- DOWNTOWN - MAIN OFFICE, WEST OFFICE, CIRCLEVILLE OFFICE, NELSONVILLE OFFICE, ATHENS OFFICE

First Available (ok to schedule with an alternate doctor if preferred is unavailable), Brian Mussio, D.O., Laura Miller, D.O., Saleem Bharmal, M.D.

To expedite this referral please forward - insurance cards, most recent office notes, lab (blood work or any urine studies), renal imaging studies or any other pertinent information. You may send information through secure fax (614)460-6500.

Failure to fill out this form in its entirety and/or send records may result in a delay of the patient being scheduled.

Once the information has been received we will contact your patient to schedule. When the appointment has been confirmed with the patient, we will fax a notification to you letting you know the appointment date/time. If our office is unable to reach patient, you will be notified.

APPOINTMENT DATE: TIME: A.M P.M.

Internal use only: Patient notified, New patient packet mailed, Date returned to referring