



John Ryzenman, MD
www.ohioear.com

Request for Consultation

To our referring physicians/clinicians: To better serve your patient, please complete the following form and fax back to our office at 614-839-9174. Once this form is received, we will contact your patient to schedule the consultation and any other diagnostic services that may be appropriate.

We will alert you via fax regarding the patient's scheduled appointment date and time, and send to you a complete review of the visit and any plans for further treatment once the consultation is complete and notes available. Should you have any questions please don't hesitate to contact Dr. Ryzenman at 614-891-9190.

Referring Physician/Clinician Name: _____

Referring Physician/Clinician Phone/Fax: _____

Referring Physician/Clinician UPIN/NPI: _____

Person Completing Form: _____ Date of Request: _____

Patient Name: _____ DOB: _____

Address: _____

City/State/Zip: _____ SSN: _____

Home Phone: _____ Cell/Work Phone: _____

Primary Insurance Name/ID Number: _____

Reason Consultation Requested: _____

We Request Patient Be Seen:

- Immediately - emergency problem Within 24 Hours - urgent problem
 Within 72 Hours Next Available

In preparation for the visit please also fax the following (please check if submitted):

- Copy of patients' most recent office note discussing relevant problem
 Current medication list Current radiology reports All operative notes
 Other: _____

Thank you and we look forward to working with you for the health of your patient.