



Consultation Request

Pallavy (Polly) Reddy, MD, FACE
Jennifer Rittenberry, MD, FACE
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Catie Huber, PA-C
Alma Simmons, RDN

Patient Information

Patient Name: _____ Date of Birth: _____ Sex: M F
Patient Address: _____ City: _____ State: _____ Zip: _____
Patient Home Phone #: _____ Cell Phone #: _____ Patient SS#: _____
Patient Primary Insurance: _____ Patient Secondary Insurance: _____

Referring Physician Information

Physician Name: _____
Practice Name: _____
Practice Address: _____ City: _____ State: _____ Zip: _____
Practice Phone #: _____ Practice Fax #: _____

***Please include recent lab work, office notes, applicable imaging reports and images, as well as a copy of the patient's insurance card ***

Referral Information

Specific reason for referral: _____
If patient is diabetic, please include most recent Hemoglobin A1C: _____ Date: _____
Is the patient pregnant? Yes: EDD: _____ No:

Appointment Information

(Please Select)

Physician Dietitian /nutrition counseling Healthy Living Program (Weight Loss)

We are not in network with UHC or OSU insurances.

We are not contracted with most of the plans offered on the ACA Exchange.

We are not accepting any new Medicaid patients currently.

We do offer self-pay rates for those patients who wish to see us out of network and/or w/o insurance.

**** If a patient no shows their initial consultation, they will not be allowed to reschedule with our office ****