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- Andrew Dang, M.D.**
- Gital Patel, M.D.**
- Meenakshi Rana, M.D.**
- Saul Greenbaum, M.D.**
- Benjamin Boerner, C.N.P.**
- Jessica Brown, C.N.P.**
- Katie Lacy, C.N.P.**
- Julie Guillen-Zinsmeister, C.N.P.**

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2405 N Columbus St.
Suite 270
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1140 Charles Ln. Marysville,
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Suite 2700
Lewis Center, OH 43035

153 W. Main St.
Suite 102
New Albany, OH 43054

4343 All Seasons Dr.
Suite 240
Hilliard, OH 43026

5500 N. Meadows Dr.
Suite 110
Grove City, OH 43123

1015 W. Fifth Ave.
Columbus, OH 43212

Referral Form

Practice Name: _____

Referring Provider: _____

Patient Name: _____ DOB: _____

Address: _____

Phone: _____ PCP: _____

Insurance company: _____

Insurance ID: _____ Group number: _____

Please evaluate and treat for the following symptoms/conditions:

Urgency of Consultation: Next Day One Week Next Available

Preferred Provider (if applicable):

Andrew Dang, M.D. Benjamin Boerner, C.N.P.

Gital Patel, M.D. Jessica Brown, C.N.P.

Meenakshi Rana, M.D. Jennifer Henning, C.N.P.

Saul Greenbaum, M.D. Julie Guillen-Zinsmeister, C.N.P.

Katie Lacy C.N.P.

Please include relevant medical records, lab and testing results, and a copy of the patient's insurance card.

Thank you for your referral. We will reach out to the patient within 24 business hours of receiving your correspondence.