

APPOINTMENT FAX FORM

www.jisortho.com

Upon completion, please fax form to: (614) 304-2100

Fax referrals will be processed, and patients will be called on the same-day as the request.

**If your patient requires immediate care, please call Andrew Clark at
(513) 706-6893 to expedite this referral.****Referring Office Information**

Your Name/Office: _____ Phone: (____) _____

Referring Physician: _____ Fax Number: (____) _____

Address: _____

Reason for Referral: _____

JIS Physician:

- | | | |
|--|--|---|
| <input type="checkbox"/> Adolph V. Lombardi, Jr., MD | <input type="checkbox"/> Keith R. Berend, MD | <input type="checkbox"/> Alexander G. Athey, MD |
| <input type="checkbox"/> Zackary O. Byrd, MD | <input type="checkbox"/> David A. Crawford, MD | <input type="checkbox"/> Jason M. Hurst, MD |
| <input type="checkbox"/> AJ Julka, MD | <input type="checkbox"/> Michael J. Morris, MD | <input type="checkbox"/> Derek L. Snook, MD |
| <input type="checkbox"/> Nicholas F. Walla, MD | <input type="checkbox"/> No Preference | |

Body Part: ☐ Hip ☐ Knee ☐ Shoulder ☐ Hand/Elbow/Wrist ☐ Spine ☐ Sports Med**Patient Information**

Patient Name: _____ Gender: ____ Male ____ Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Interpreter Needed: ____ Yes ____ No Language: _____

Patient Insurance Carrier: _____

**Please attach patient demographics and insurance card. We appreciate your completion of
this form in its entirety to allow us to better serve your patient.****Office Locations**☐ 7277 Smith's Mill Road, #200
New Albany, OH 43054☐ 45280 National Rd. W.
St. Clairsville, OH 43950**If you have difficulty during the appointment scheduling process,
please contact Michelle Hicks, Practice Liaison at (614) 984-5184.****THANK YOU FOR YOUR REFERRAL!**