

Thank you for your referral to UC Health Neurosurgery. Referrals to UC Health can be made by completing the form below and faxing to 513-584-5188 **with current office notes/images/insurance card front/back.**

Referring Provider Information

Referring Provider		Date (Month DD, YYYY)
Practice Name		Referring Physician NPI
Office Address		City
State	ZIP Code	
Phone	Fax	Specialty Referral to:
Location: <input type="checkbox"/> UCMC Clifton Campus UCGNI, 3113 Bellevue Ave., 3rd Floor Cincinnati, OH 45219 <input type="checkbox"/> Florence Office, 68 Cavalier Blvd, Suite 1400, Florence, KY 41042 <input type="checkbox"/> West Chester Hospital - South, 7675 Wellness Way, Suite 300, West Chester, OH 45069		

Patient Contact Information

Patient Name (First, Middle, Last)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth Date (Month DD, YYYY)		Patient Email (if available)	
Address		City	
State	ZIP Code	Country (optional)	
*HOME PHONE	*ALTERNATE PHONE	Mobile Work Other	Parent Name (if minor)
Maiden Name (If known)		Spouse First Name (optional)	
Patient Insurance Information (please send a copy of front/back of card)		Does the patient need an interpreter? Yes No	If yes, what language?
APPOINTMENT REQUEST: Urgent/First Available		Does the patient have other special needs?	If yes, what needs?
Clinical question to be answered		Indication/Diagnosis	Special Request
Indicate if records in EPIC or Care Everywhere		YES	NO

***FORM WILL NOT BE PROCESSED WITHOUT NECESSARY PATIENT CONTACT INFORMATION**

To schedule an appointment call 513-475-8990