

Thank you for your referral to UC Health Neurosurgery. Referrals to UC Health can be made by completing the form below and faxing to 513-475-5476 with current office notes/images/insurance card.

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 Campus Gardner Neuroscience Institute, 3113 Bellevue Ave. Suite 4100, Cincinnati, OH 45219 <input type="checkbox"/> West Chester Hospital- North, 7690 Discovery Dr. Suite 3400, 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 Anywhere		YES	NO