



**ORTHOPEDIC
FOOT & ANKLE CENTER**

300 POLARIS PARKWAY, SUITE 2000
WESTERVILLE, OHIO 43082
OFFICE 614.895.8747 FAX 614.895.8810

Patient Referral Appointment Request

Please fax to:

Orthopedic Foot & Ankle Center

Attn: Scheduler

Fax: (614) 895-8810

Phone: (614) 895-8747

Patient Information

Name: _____ DOB: _____

Phone: _____ Insurance: _____

Symptoms: _____

Please check any that apply. Has the patient had:

- Weight bearing x-rays
- MRI
- CT
- Bone scan

Which Physician are you requesting?

- First available
- Thomas H. Lee, M.D.
- Gregory C. Berlet, M.D.
- Terry M. Philbin, D.O.
- Christopher F. Hyer, D.P.M

Referring Office Information (In case there are any questions)

Referring physician: _____
(First and Last name)

Contact person: _____ Phone: _____

Notes: _____

THOMAS H. LEE, MD
GREGORY C. BERLET, MD
TERRY M. PHILBIN, DO
CHRISTOPHER F. HYER, DPM