



Central
Ohio
General
Surgeons

Formerly Lancaster Surgical Associates
General and Laparoendoscopic Surgery

Phone 740.654.6213 or 800.819.3100 Fax 740.654.3346

Scott O. Johnson, M.D., F.A.C.S.
David M. Hasl, M.D., F.A.C.S.
Timothy J. Custer, M.D., F.A.C.S.
Bethany M. Smith, PA-C

REFERRAL FORM

PLEASE FILL OUT ENTIRELY TO EXPEDITE VISIT:

Referring Physician _____ Tel. # _____

Completed By: _____ Fax # _____

Name _____ DOB _____ Gender: M F

*SSN (do not leave this line empty!) _____ Email: _____

PO Box _____

Address _____

City _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Local Pharmacy: _____

PLEASE CHECK:	
Marital Status:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
Race:	<input type="checkbox"/> African American/Black
	<input type="checkbox"/> Caucasian/White
	<input type="checkbox"/> Nat Hawaiian/Pacific Islander
	<input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
Ethnicity:	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Not Hispanic or Latino
	<input type="checkbox"/> Declined <input type="checkbox"/> Unknown

INSURANCE INFORMATION

*** ALL INFO IS REQUIRED BELOW: MUST ATTACH enlarged copy of Front and Back of INS. CARD**

IS A REFERRAL NECESSARY FOR A SPECIALIST? Y N HAS IT BEEN DONE? _____ (if yes, attach auth.)

Primary Insurance _____ Telephone # _____

Cardholder/Member Name _____ DOB: _____

Address: _____ Relationship: _____

ID# _____ Group # _____

Secondary Insurance _____ Telephone # _____

Cardholder/Member Name _____ DOB: _____

Address: _____ Relationship: _____

ID# _____ Group # _____

Reason for Referral: (do not use codes) _____

Testing done? (date & where) please attach _____

Attach all labs, test results, office notes with this referral cover letter. Thank you!

Preferred Physician: Dr. Custer Dr. Hasl Dr. Johnson 1st available

Office use only:

Appointment Date _____ Time _____

With: Bethany Smith P.A. Dr. Custer Dr. Hasl Johnson

NOTE:

Attempted Calls:

1st: _____

2nd: _____

3rd: _____