

Referral/New Patient Request

Dr. R Shane Brown, Dr. Mark Davanzo, Dr. David Giammar, Dr. Bryan Grischow

**WESTERVILLE
SURGICAL
ASSOCIATES**

**General Surgery
Laparoscopic Surgery
Colo-Rectal Surgery**

Phone: (380) 898-5561
Fax: (380) 898-5563

Patient Name: _____ **DOB:** _____

Phone: _____ **Alt Phone:** _____

Primary Insurance: _____

Secondary Insurance: _____

Insurance Authorization Required? Yes No **Auth#:** _____

*All HMO and POS plans require a referral. Most Tricare, Humana, and marketplace plans also require a referral. If required, please provide the authorization number and appropriate documentation.

Referring Physician: _____

Practice Phone: _____ **Fax:** _____

Reason for Referral:

Attach demographics sheet, copy of insurance card, and all copies of recent imaging, testing, and blood work

Please schedule with (circle providers):

Bryan Grischow, DO
General and Laparoscopic Surgery

R. Shane Brown, MD
General and Laparoscopic Surgery

Mark Davanzo, MD
General, Laparoscopic and
Oncologic Surgery

David Giammar, MD
Colo-Rectal, General Surgery

First Available

Address: 477 Cooper Road, Suite 440, Westerville, OH 43081 • Phone: (380) 898-5561 • Fax: (380) 898-5563