

*Centerville*
**Gem City Surgeons**  
 Miami Valley Hospital South  
 2350 Miami Valley Dr., Suite 400  
 Centerville, OH 45459

*Englewood*
**Gem City Surgeons**  
 Miami Valley Hospital North  
 9000 N. Main St., Suite 233  
 Englewood, OH 45415

*Middletown*
**Roosevelt Surgical**  
 4040 Roosevelt Blvd.  
 Middletown, OH 45044

*Troy*
**Miami County Surgeons**  
 Upper Valley Medical Center  
 Physician Office Building  
 3130 N. County Road 25A, Suite 214  
 Troy, OH 45373

**Referrals:**

 844-730-GERD (4373)  
 (937) 832-7251 (Fax)

 Date \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Person completing the form and relationship if not the patient \_\_\_\_\_  
 Email Address \_\_\_\_\_

**For Office Use Only**
**Appointment**

 Day \_\_\_\_\_  
 Date \_\_\_\_\_  
 Time \_\_\_\_\_ a.m. p.m.

 Are interpreter services required?  Yes  No Language \_\_\_\_\_

 Primary Insurance (if BWC, please list claim #) \_\_\_\_\_

 Pre-authorization number \_\_\_\_\_

 Secondary Insurance \_\_\_\_\_

## Location

- Gem City Surgeons**  
Centerville
- Gem City Surgeons**  
Englewood
- Roosevelt Surgical**  
Middletown
- Miami County Surgeons**  
Troy

 Referring Provider \_\_\_\_\_

 Address \_\_\_\_\_

 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

 Contact Name \_\_\_\_\_

 Phone \_\_\_\_\_ Fax \_\_\_\_\_

 Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

 Diagnosis/Reason for Referral \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Patient notified

 Date \_\_\_\_\_

 Time Frame  Within 24 hours  Within 1 week  Routine

 Time \_\_\_\_\_ a.m. p.m.

**Please include a copy of patient's insurance card.**
 **If not a Premier provider utilizing Epic**, please provide most recent test results (labs, x-ray, CT, MRI, EMG, EKG, documentation from previous procedures or surgeries).

 Please provide last office note (if available, attach copy)

## Referring physician notified

 Date \_\_\_\_\_