



# MID OHIO SURGICAL ASSOCIATES

*Surgical care you can trust.*

## Referring your patient to Mid Ohio Surgical Associates

To refer your patient, please complete this form and fax it to **614-228-7381**.

You can also refer patients by calling 614-228-0768. Thank you for your referral.  
We look forward to providing your patient with surgical care you can trust.

Name of referrer \_\_\_\_\_

Referrer phone number \_\_\_\_\_

Patient name \_\_\_\_\_

Patient phone number \_\_\_\_\_ Patient D.O.B. \_\_\_\_\_

Reason for visit \_\_\_\_\_

### Referring to

**First available**

Ghaleb A. Hannun, **MD, FACS**  
*General, Breast and Vascular Surgery*

Adam M. Zochowski, **MD, FACS**  
*General and Breast Surgery*

James M. Sinard, **MD, FACS**  
*General, Breast and Vascular Surgery*

Phillip D. Price, **MD, FACS**  
*General and Bariatric Surgery*

Patricia S. Choban, **MD, FACS**  
*Bariatric and Breast Surgery*

Marcus R. Miller, **MD, FACS**  
*General, Breast and Bariatric Surgery*

Medical records to follow

Please contact patient to schedule the appointment

Patient will contact Mid Ohio Surgical Associates to schedule the appointment.

TEL (614) 228-0768

VISIT US ON THE WEB AT [www.MidOhioSurgical.com](http://www.MidOhioSurgical.com)