



**Wright State Physicians**  
**WOMEN'S HEALTH CARE**

**Berry Women's Health Pavilion**  
 One Wyoming Street, Suite 4130 ■ Dayton, OH 45409  
 Tel 937.208.6810 ■ Fax 937.208.2030  
 wrightstatephysicians.org

**Fax Referral/Consultation Request**

General Obstetrics and Gynecology  
 Urogynecology and Other Special Services

Date of request: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_ Records sent: Y N NPI: \_\_\_\_\_

Consult and Treat: \_\_\_\_\_ Consult and Advise: \_\_\_\_\_

Referring Physician phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Referring office contact: \_\_\_\_\_

**Provider Requested:**

- \_\_\_\_ Gary Ventolini, M.D.
- \_\_\_\_ Sheela Barhan, M.D.
- \_\_\_\_ Janice Duke, M.D.
- \_\_\_\_ Michael Galloway, D.O.
- \_\_\_\_ Jerome L. Yaklic, M.D.
- \_\_\_\_ First Available

**Urogynecologist:**

- \_\_\_\_ Geoffrey Towers, M.D.

**Special Services:**

- \_\_\_\_ High Risk Obstetrics
- \_\_\_\_ Chronic Pelvic Pain
- \_\_\_\_ Vulvovaginal Disease
- \_\_\_\_ Other (describe below)

**Reason for referral/clinical issue:** \_\_\_\_\_

\*\*We will schedule the appointment & notify your office.\*\*

\*\*If we are unable to reach or do not hear from the patient within two weeks, we will return the referral to your office.\*\*

**WSP USE ONLY:**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ with Dr. \_\_\_\_\_

Fax referral returned to referring physician due to: \_\_\_\_\_ Patient No Showed for appointment \_\_\_\_\_ Could not reach patient

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Response to requesting physician: \_\_\_\_\_ (date sent) \_\_\_\_\_