

Referral Form

Memorial Gateway Medical Center
140 Coleman's Crossing Blvd.
Marysville, OH 43040

Memorial Urbana Medical Center
1958 E US Hwy 36
Urbana, OH 43078

Phone: (937) 578-4300



Benjamin Bush, MD



Karen Smith, PA-C

Referral Steps:

- 1) Fax this referral form to (937) 578-4311 with:
 - a. Patient demographic sheet
 - b. Patient medical insurance card (**send front and back**)
 - c. Any relevant medical records
 - d. For an Inspire consult only:
 - Any previous sleep study reports, if completed
 - CPAP Failure and Intolerance records
- 2) Call Memorial Ear, Nose & Throat at (937) 578-4300.

Patient Information

Name: _____ Date of birth: _____

Home phone: _____ Cell phone: _____

Reason for Referral

- ☐ Consultation
- ☐ Evaluation for Inspire
- ☐ Other/Comments:

Referring Provider Information

Provider name: _____

Practice name: _____

Address: _____

Phone: _____

Fax: _____