Orthopedic Specialists & Sports Medicine

An OrthoAlliance Partner Practice

740-788-9220

APPOINTMENT FAX FORM

www.ossmnewark.com.com

Upon completion, please fax form to: (740) 788-9226

Fax referrals will be processed, and patients will be called on the same day as the request.

If your patient requires immediate care, please call our office at (740) 788-9220 to expedite this referral.

Referring Office Information

Your Name/Office: _____ Phone: (____) _____

Referring Physician: _____ Fax Number: (____) _____

Address: _____

Reason for Referral: _____

OSSM Physician: ☐ Brad Bernacki, MD ☐ Alex Tancevski, MD ☐ Eric Erb, MD ☐ Tung Dao, DPM ☐ No Preference

Body Part: ☐ Hip ☐ Knee ☐ Shoulder ☐ Hand/Elbow/Wrist ☐ Spine ☐ Foot & Ankle

Patient Information

Patient Name: _____ Gender: ____Male ____Female

Address:_____

City:_____ State: _____ Zip: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Date of Birth: _____/_____/_____ Social Security Number: _____/_____/_____

Interpreter Needed: _____ Yes _____ No Language: _____

How Did This Injury Occur: ☐ N/A ☐ BWC ☐ Other: _____

Patient Has Completed: ☐ Digital X-rays ☐ MRI ☐ CT ☐ EMG ☐ X-rays ☐ Cast/Splint

Patient Insurance Carrier: _____

Please attach patient demographics and insurance card. We appreciate your completion of this form in its entirety to allow us to better serve your patient.

Office Locations

☐ 2750 Newark-Granville Road
Granville, OH 43023
Dr. Bernacki, Dr. Tancevski, Dr. Erb, Dr. Dao

☐ 311 South 15th Street
Coshocton, OH 43812
Dr. Bernacki, Thomas Gantner, PA-C

If you have difficulty during the appointment scheduling process, please call **Michelle Hicks, Practice Liaison at (614) 984-5184.**

THANK YOU FOR YOUR REFERRAL!

09/19/25 3:26 PM hb