

**Today's Date:** \_\_\_\_\_  
**Patient's Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_  
**Phone Number to reach patient:** \_\_\_\_\_ **Best time to call:** \_\_\_\_\_  
**Patient's Insurance:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
**Any test/procedure already performed for this diagnosis? :** \_\_\_\_\_  
**If yes, please explain:** \_\_\_\_\_  
**Degree of Urgency:**  Routine  See within \_\_\_\_\_ days  Urgent \*\*

**\*\* Urgent patients may be seen by the first available physician\*\***

**Office and physician preference:**  No office preference  No physician preference

<input type="checkbox"/> <b><u>Canton</u></b> Physician: <input type="checkbox"/> Dr. Candage <input type="checkbox"/> Dr. Coggins <input type="checkbox"/> Dr. Conlan <input type="checkbox"/> Dr. Papacostas <input type="checkbox"/> Dr. Riestler <input type="checkbox"/> Dr. Welch	<input type="checkbox"/> <b><u>Hills &amp; Dales</u></b> Physician: <input type="checkbox"/> Dr. Conlan <input type="checkbox"/> Dr. Erickson <input type="checkbox"/> Dr. Hill <input type="checkbox"/> Dr. Seth <input type="checkbox"/> Dr. Govil	<input type="checkbox"/> <b><u>Massillon</u></b> Physician: <input type="checkbox"/> Dr. Coss <input type="checkbox"/> Dr. Dulik <input type="checkbox"/> Dr. Lykins <input type="checkbox"/> Dr. Welch	<input type="checkbox"/> <b><u>North Canton</u></b> Physician: <input type="checkbox"/> Dr. Shepard <input type="checkbox"/> Dr. Violet
--	--	--	--

**Other:** \_\_\_\_\_  
**Requesting physician:** \_\_\_\_\_  
**Contact person for requesting physician:** \_\_\_\_\_  
**Office Phone Number:** \_\_\_\_\_ **Office Fax Number:** \_\_\_\_\_

**\*\*\*Please fax this request form to the Spectrum office location with which you wish to schedule.\*\*\***

<input type="checkbox"/> <b><u>Canton</u></b> (Phone) 330.455.5367 (Fax) <b>330.455.3914</b>	<input type="checkbox"/> <b><u>Hills &amp; Dales</u></b> (Phone) 330.477.9720 (Fax) <b>330.458.4600</b>	<input type="checkbox"/> <b><u>Massillon</u></b> (Phone) 330.832.2663 (Fax) <b>330.832.5614</b>	<input type="checkbox"/> <b><u>North Canton</u></b> (Phone) 330.305.0838 (Fax) <b>330.305.0461</b>
--	---	---	--

*Internal Use Only:*  
**Taken by:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Appt date scheduled:** \_\_\_\_\_ **Notified Referring office:**  \_\_\_\_\_  
 To request more forms, please contact any of the offices.