

Email [staff@pzohio.com] Phone [614.647.2526] Fax [877.409.2415]

PREFERRED PHYSICIAN  ☐ FIRST AVAILABLE	PREFERRED LOCATION  ☐ FIRST AVAILABLE
☐ JUNAID MUKHDOMI, MD	□ NEW ALBANY
☐ MARCUS HARRIS, MD	☐ GROVE CITY
☐ TAIF MUKHDOMI, MD	_ 0
	OGRAPHICS  RECENT NOTES  IMAGING NCE/WORKERS COMP/ATTORNEY INFO
PATIENT INFORMATION	
Name	
rvanic	DOB
Home Phone Number	Cell Phone Number [if different]
Email	
CONSULT TYPE	
☐ GENERAL PAIN CONSULT ☐ SURG	ICAL/ORTHOPEDIC PAIN CONSULT
☐ CANCER PAIN CONSULT ☐ PEDIA	TRIC PAIN CONSULT
REFERRING PROVIDER INFORMATION	
Provider Name	Practice Name
Staff Contact	Contact Phone/Email
Stail Contact	Contact Phone/Email
CHIEF PAIN COMPLAINT	
□ BACK □ NECK □ SHOULDER	
□ CRPS □ POST SURGERY PAIN □	
□ ABDOMINAL □ FACIAL □ HEAD	ACHE □ HAND □ FOOT
□ OTHER	

LOCATIONS: NEW ALBANY 5031 Forest Drive Ste C GROVE CITY 4207 Gantz Road
HILLIARD & WESTERVILLE COMING SOON