

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

PREFERRED PHYSICIAN	PREFERRED LOCATION
☐ FIRST AVAILABLE	☐ FIRST AVAILABLE
☐ JUNAID MUKHDOMI, MD	☐ NEW ALBANY ☐ WESTERVILLE
☐ MARCUS HARRIS, MD	☐ GROVE CITY ☐ HILLIARD
\square TAIF MUKHDOMI, MD	
PLEASE INCLUDE COPIES OF DEMOGRAPHICS DEMOGR	
Name	DOB
Home Phone Number	Cell Phone Number [if different]
Email	
CONSULT TYPE GENERAL PAIN SURGICAL/ORTHOPEDIC PAIN VASCULAR OSTEOPOROSIS CANCER PAIN PEDIATRIC PAIN 2ND OPINION INFUSION VIRTUAL WEIGHT LOSS WORKERS COMP PERSONAL INJURY REFERRING PROVIDER INFORMATION	
Provider Name	Practice Name
Staff Contact	Contact Phone/Email
CHIEF PAIN COMPLAINT BACK DECK DESHOULDER DESHOULDER DESHOULDER DESHOUSE D	

LOCATIONS: NEW ALBANY 5031 Forest Drive Ste C
WESTERVILLE 450 Alkyre Run Drive Ste 340

GROVE CITY 4207 Gantz Road **HILLIARD** 4643-4645 Leap Court