



OHIO PLASTIC SURGERY SPECIALISTS

WALTER L. BERNACKI, MD

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## EZ REFERRAL FORM

Referring Physician: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Breast Augmentation ✦ Reduction Mammoplasty ✦ Abdominoplasty ✦ Body Contouring After Weight Loss  
Breast Reconstruction ✦ Facelift ✦ Blepharoplasty ✦ Brachioplasty ✦ Rhinoplasty ✦ Otoplasty  
Laser Skin Treatment ✦ Benign/Malignant Lesion/Mass Excision ✦ Complex Wounds  
Facial Trauma ✦ Mandible and Nasal Fractures ✦ Burns and Scar Revision ✦ Bone, Tendon, Nerve Repair  
Full Range of Cosmetic and Aesthetic Treatments

Thank you for this referral. We look forward to caring for your patient.