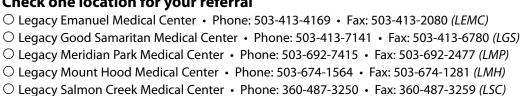
Legacy Health Cardiopulmonary

Physician signature _____

Physician Referral Form

Check one location for your referral





O Legacy Silverton Medical Center • Phone: 503-982-4862 • Fax: 503-225-8743 (LSMC)	
Patient name	Date of birth (mm/dd/yyyy) Age
PhoneEma	ail
AddressInsu	
City State Zip Code	ICD-10 — Description
Patient language	,
Pulmonary testing ○ Pre-authorization ☐ Overnight oximetry ☐ Oximetry exercise (Land	(LGS & LMP only) EMC & LGS only) (S only) Chysmography+DLCO ost) □ Pulmonary stress test complex (LEMC & LGS only) □ Treadmill □ Spirometry □ Spirometry pre & post □ Other Chysmography+DLCO
Cardiac testing ○ Pre-authorization □ Extended length Holters: □ Cardiac nuclear exercise stress test ○ 3 days ○ 7 days □ Cardiac nuclear RX stress test ○ 14 days ○ Lexiscan □ Event monitor/MCT: ○ Dobutamine (not at LSMC) Mobile cardiac telemetry ○ 1 week ○ 2 weeks ○ 1 weeks ○ 2 weeks by Cardiology only ○ 3 weeks ○ 4 weeks □ Cardiac stress test	
Echocardiology ○ Pre-authorization	o has a reduced image quality (Not at LSMC).
Referring physician	Phone Fax