

Legacy Surgical Oncology

Physician Referral Form



Check one to select location/surgeon and fax to:

Fax: 503-413-5526

Or call at:

Phone: 503-413-5525

Breast

Legacy Good Samaritan Medical Center

- Cynthia Aks, D.O.
- Cory Donovan, M.D.
- Jennifer Garreau, M.D.
- Nathalie Johnson, M.D.

Legacy Mount Hood Medical Center

- Cynthia Aks, D.O.

Legacy Meridian Park Medical Center

- Alivia Cetas, M.D.

Legacy Salmon Creek Medical Center

- Cory Donovan, M.D.

Melanoma

Legacy Good Samaritan Medical Center

- Jennifer Garreau, M.D.

Patient name _____

Patient home phone _____

Patient date of birth (mm/dd/yyyy) _____

Does patient's insurance require referral?

No Yes

If yes, authorization #: _____ In process? No Yes

Does patient require interpreter?

No Yes

If yes, type: _____

Reason for referral

ICD-9/10 Code(s):

Instructions:

Call patient to schedule

Other:

Referral form completed by:

Please forward most recent chart notes, imaging and pathology reports, demographic and insurance card.

Referring physician _____ Phone _____ Fax _____

Physician signature _____ Date _____