

Legacy Health Cardiopulmonary



Physician Referral Form

Check one location for your referral

- Legacy Emanuel Medical Center • Phone: 503-413-4169 • Fax: 503-413-2080 (LEMC)
- Legacy Good Samaritan Medical Center • Phone: 503-413-7141 • Fax: 503-413-6780 (LGS)
- Legacy Meridian Park Medical Center • Phone: 503-692-7415 • Fax: 503-692-2477 (LMP)
- Legacy Mount Hood Medical Center • Phone: 503-674-1564 • Fax: 503-674-1281 (LMH)
- Legacy Salmon Creek Medical Center • Phone: 360-487-3250 • Fax: 360-487-3259 (LSC)
- Legacy Silverton Medical Center • Phone: 503-982-4862 • Fax: 503-225-8743 (LSMC)

Patient name _____ Date of birth (mm/dd/yyyy) _____ Age _____
Phone _____ Email _____
Address _____ Insurance _____
City _____ State _____ Zip Code _____ ICD-10 — Description _____
Patient language _____

Pulmonary testing Pre-authorization _____ No pre-authorization

<input type="checkbox"/> Six-minute walk	<input type="checkbox"/> Overnight oximetry (LGS & LMP only)	<input type="checkbox"/> Pulmonary stress test complex (LEMC & LGS only)
<input type="checkbox"/> Arterial blood gas (ABG)	<input type="checkbox"/> Oximetry exercise (LEMC & LGS only)	<input type="radio"/> Treadmill
<input type="checkbox"/> Exercise-induced asthma study (LEMC & LGS only)	<input type="checkbox"/> Oximetry resting (LGS only)	<input type="checkbox"/> Spirometry
<input type="checkbox"/> High-altitude study (LEMC & LGS only)	<input type="checkbox"/> PFT complete 1 (plethysmography+DLCO +spirometry pre & post)	<input type="checkbox"/> Spirometry pre & post
<input type="radio"/> with oxygen <input type="radio"/> without oxygen	<input type="checkbox"/> PFT methacholine challenge	<input type="checkbox"/> Other _____
<input type="checkbox"/> Metabolic study (LEMC & LGS only)	<input type="checkbox"/> PFT complete 2 (plethysmography+DLCO +spirometry pre-only)	
<input type="checkbox"/> MIP and MEP		

Cardiac testing Pre-authorization _____ No pre-authorization

<input type="checkbox"/> Extended length Holters: <input type="radio"/> 3 days <input type="radio"/> 7 days <input type="radio"/> 14 days	<input type="checkbox"/> Cardiac nuclear exercise stress test <input type="checkbox"/> Cardiac nuclear RX stress test <input type="radio"/> Lexiscan	<input type="checkbox"/> EKG 12 lead <input type="checkbox"/> EKG pediatric 15 lead _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Event monitor/MCT: Mobile cardiac telemetry <input type="radio"/> 1 week <input type="radio"/> 2 weeks <input type="radio"/> 3 weeks <input type="radio"/> 4 weeks	<input type="radio"/> Dobutamine (not at LSMC) Dobutamine Stress Test ordered by Cardiology only <input type="checkbox"/> Cardiac stress test	<p>Contact Imaging scheduling to schedule a cardiac nuclear stress Phone: 503-413-7800 Fax: 503-413-8899 For LSMC Phone: 503-982-4862 Fax: 503-225-8743</p>	

Echocardiology Pre-authorization _____ No pre-authorization

All echocardiograms have the option of using contrast when the echo has a reduced image quality (Not at LSMC).
wLicensed independent practitioners who do not want patients to receive contrast, check here: No contrast

<input type="checkbox"/> Cardiac stress echocardiogram <input type="radio"/> Treadmill <input type="radio"/> Bicycle (Not at LSMC)	<input type="checkbox"/> Congenital stress echocardiogram (LEMC only)
<input type="checkbox"/> Cardiac RX stress echocardiogram (dobutamine) (Not at LSMC) Cardiology consult required	<input type="checkbox"/> Echocardiogram complete <input type="radio"/> with bubble
<input type="checkbox"/> Congenital echocardiogram complete (LEMC, LSC & LSMC only)	<input type="checkbox"/> Echocardiogram limited (follow-up to complete)
<input type="checkbox"/> Congenital echocardiogram limited (follow-up to complete)	<input type="checkbox"/> Transesophageal echocardiogram (not at LSMC) Cardiology consult required
	<input type="checkbox"/> Other _____

Referring physician _____ Phone _____ Fax _____
Physician signature _____ Date _____