

Legacy Health Cardiopulmonary



Physician Referral Form

Check one location for your referral

- Legacy Emanuel Medical Center • Phone: 503-413-4169 • Fax: 503-413-2080 (EM)
- Legacy Good Samaritan Medical Center • Phone: 503-413-7141 • Fax: 503-413-6780 (GS)
- Legacy Meridian Park Medical Center • Phone: 503-692-7415 • Fax: 503-692-2477 (MP)
- Legacy Mount Hood Medical Center • Phone: 503-674-1289 • Fax: 503-674-1281 (MH)
- Legacy Salmon Creek Medical Center • Phone: 360-487-3250 • Fax: 360-487-3259 (SC)

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

Pulmonary testing Pre-authorization _____ No pre-authorization

- | | |
|--|--|
| <input type="checkbox"/> PFT Complete (Plethysmography+DLCO+Spirometry Pre & Post) | <input type="checkbox"/> PFT Methacholine Challenge |
| <input type="checkbox"/> PFT Pre-Only (Plethysmography+DLCO+Spirometry Pre-Only) | <input type="checkbox"/> Exercise Induced Asthma Study (EM only) |
| <input type="checkbox"/> Spirometry Pre & Post | <input type="checkbox"/> Oximetry Resting |
| <input type="checkbox"/> Spirometry | <input type="checkbox"/> Oximetry Exercise |
| <input type="checkbox"/> Arterial Blood Gas (ABG) | <input type="checkbox"/> Overnight Oximetry (MP only) |
| <input type="checkbox"/> MIP and MEP | <input type="checkbox"/> 6-Minute Walk |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Metabolic Study (GS & EM only) |
| | <input type="checkbox"/> Pulmonary Stress Test Complex (GS only) |

Cardiac testing Pre-authorization _____ No pre-authorization

- | | | | |
|---|---|---------------------------------|--|
| <input type="checkbox"/> Cardiac Event Monitor (14 days)
Other _____ | <input type="checkbox"/> Cardiac Stress Test | <input type="radio"/> Treadmill | <input type="radio"/> Bicycle |
| <input type="checkbox"/> 24 Hr Holter Monitor | <input type="checkbox"/> Cardiac Nuclear Stress Test | <input type="radio"/> Treadmill | <input type="radio"/> Bicycle |
| <input type="checkbox"/> 48 Hr Holter Monitor | <input type="checkbox"/> Cardiac Nuclear RX Stress Test | <input type="radio"/> Lexiscan | <input type="radio"/> Dobutamine
(GS & MP only) |
| <input type="checkbox"/> EKG 12 Lead | Contact Imaging Scheduling to schedule a Cardiac Nuclear Stress | | |
| <input type="checkbox"/> Pediatric EKG 15 Lead | Phone: 503-413-7800 Fax: 503-413-8899 | | |

Echocardiology Pre-authorization _____ No pre-authorization

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

- | | |
|--|--|
| <input type="checkbox"/> Echocardiogram Complete | <input type="checkbox"/> Congenital Echocardiogram Complete (EM & SC only) |
| <input type="checkbox"/> Echocardiogram Limited (follow-up to complete) | <input type="checkbox"/> Congenital Echocardiogram Limited (follow-up to complete) |
| <input type="checkbox"/> Cardiac Stress Echocardiogram <input type="radio"/> Treadmill <input type="radio"/> Bicycle | <input type="checkbox"/> Congenital Stress Echocardiogram (EM only) |
| <input type="checkbox"/> Cardiac RX Stress Echocardiogram (Dobutamine)
(GS & MP only) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Transesophageal Echocardiogram | |

Referring physician _____ Phone _____ Fax _____

Physician signature _____ Date _____