Legacy Surgical Oncology

Physician Referral Form

Check one to select location/surgeon and fax to:

Phone: 503-413-5525

Fax: 503-413-5526

Hours: M–F, 8 a.m.–5 p.m.

Breast

Legacy Good Samaritan Medical Center

- ☐ Jennifer Garreau, M.D.
- ☐ Margaret Glissmeyer, P.A.
- ☐ Nathalie Johnson, M.D.
- ☐ Angela Lewis-Traylor, M.D.

Legacy Mount Hood Medical Center

- ☐ Angela Lewis-Traylor, M.D.

Legacy Medical Group–Women's Specialties

- ☐ Alivia Cetas, 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

ICD9/10 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 _____