

# 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.
- Cynthia Aks, D.O.

**Legacy Mount Hood Medical Center**

- Cynthia Aks, D.O.

**Legacy Meridian Park Medical Center**

- 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 \_\_\_\_\_

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 \_\_\_\_\_