

Legacy Cardiopulmonary Services



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: 503-674-1289 • 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: 503-982-4899 (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="radio"/> Treadmill <input type="radio"/> Bicycle
<input type="checkbox"/> Arterial blood gas (ABG)	<input type="checkbox"/> Oximetry exercise (LEMC & LGS only)	<input type="checkbox"/> Spirometry
<input type="checkbox"/> Exercise induced asthma study (LEMC & LGS only)	<input type="checkbox"/> Oximetry resting (LEMC & LGS only)	<input type="checkbox"/> Spirometry pre & post
<input type="checkbox"/> High altitude study (LEMC & LGS only) <input type="radio"/> with oxygen <input type="radio"/> without oxygen	<input type="checkbox"/> PFT complete (plethysmography+DLCO +spirometry pre & post)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Metabolic study (LEMC & LGS only)	<input type="checkbox"/> PFT methacholine challenge	
<input type="checkbox"/> MIP and MEP	<input type="checkbox"/> PFT pre-only (plethysmography+DLCO +spirometry pre-only)	

Cardiac testing Pre-authorization _____ No pre-authorization

<input type="checkbox"/> 24-hour Holter monitor	<input type="checkbox"/> Cardiac stress test	<input type="checkbox"/> EKG pediatric 15 lead
<input type="checkbox"/> 48-hour Holter monitor	<input type="checkbox"/> EKG 12 lead	<input type="checkbox"/> Tilt table test (LGS only)
<input type="checkbox"/> Cardiac event monitor (14 days)		<input type="checkbox"/> Other _____
<input type="checkbox"/> Cardiac nuclear exercise stress test	Contact Imaging Scheduling to schedule a cardiac nuclear stress Phone: 503-413-7800 Fax: 503-413-8899 For LSMC Phone: 503-982-4862 Fax: 503-982-4899	
<input type="checkbox"/> Cardiac nuclear RX stress test <input type="radio"/> Lexiscan <input type="radio"/> Dobutamine* (Not at LSMC)		

*Dobutamine stress test: Ordered by cardiology only

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).
Licensed 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)	<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)
	<input type="checkbox"/> Other _____

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