

# 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: 503-674-1289 • 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"/> Tilt table test (LGS only)
<input type="checkbox"/> 48-hour Holter monitor	<input type="checkbox"/> EKG 12 lead	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cardiac event monitor (up to 30 days)	<input type="checkbox"/> EKG pediatric 15 lead	
<input type="checkbox"/> Cardiac nuclear exercise stress test		
<input type="checkbox"/> Cardiac nuclear RX stress test <input type="radio"/> Lexiscan <input type="radio"/> Dobutamine (not at LSMC)		

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

**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)	<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 \_\_\_\_\_