

# 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"/> 6-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) (Not at LSMC)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Metabolic Study (LEMC & LGS only)	<input type="checkbox"/> PFT Methacholine Challenge (Not at LSMC)	
<input type="checkbox"/> MIP and MEP (Not at LSMC)	<input type="checkbox"/> PFT Pre-Only (Plethysmography+DLCO +Spirometry Pre-Only) (Not at LSMC)	

**Cardiac testing**  Pre-authorization \_\_\_\_\_  No pre-authorization

<input type="checkbox"/> 24 Hr Holter Monitor	<input type="checkbox"/> Cardiac Stress Test	<input type="checkbox"/> Tilt Table Test (LGS only)
<input type="checkbox"/> 48 Hr Holter Monitor	<input type="checkbox"/> EKG 12 Lead	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cardiac Event Monitor (14 days)	<input type="checkbox"/> EKG Pediatric 15 Lead	
<input type="checkbox"/> Cardiac Nuclear Exercise Stress Test	<b>Contact Imaging Scheduling to schedule a Cardiac Nuclear Stress</b> 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)		

**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 \_\_\_\_\_