

Salem Health Trauma and General Surgery

Referral Request Form



PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____
Home Phone: _____ Cell Phone: _____
Interpreter Needed? ☐ Yes ☐ No Language: _____

INSURANCE INFORMATION

Insurance Company: _____ Insurance Phone: _____
Insurance ID #: _____ Group #: _____
Preauthorization Required: ☐ N/A Authorization #: _____ # of visits authorized: _____

REFERRAL INFORMATION

☐ New referral ☐ Follow-up referral (*seen previously at clinic*)

Reason for referral: _____

Diagnosis Code(s): _____

Referring Provider: _____ Referring Clinic: _____

Phone Number: _____ Fax Number: _____

(Hemorrhoid diagnosis requires a documented anal/rectal exam and conservative treatment.)

SERVICES OFFERED

Our Surgeons offer a broad scope of outpatient procedures, including minimally invasive, laparoscopic and robotic approaches:

- Gastric and small bowel surgery (benign and malignant, gastric outlet obstruction)
- Foregut surgery (paraesophageal hernias, refractory GERD, achalasia)
- Feeding tubes and PD catheters
- Pilonidal disease, skin grafts, burn care
- Adrenal Masses, splenectomies
- Select in-office procedures:
 - Removal of small superficial lesions ("lumps and bumps")
 - PD catheter externalization or removal
 - Wound debridement
 - Burn aftercare
- Hernia repair (simple to complex abdominal wall, groin)
- Gallbladder surgery
- Colorectal surgery (benign and malignant)
- Hemorrhoid banding
- Incision and drainage of simple abscesses
- Feeding tube exchanges
- Trauma aftercare

APPOINTMENT URGENCY

☐ Urgent within 1 week ☐ 1-2 weeks ☐ 2-4 weeks Other: _____

Provider Signature _____

Date/Time _____

PLEASE FAX ALL PERTINENT MEDICAL RECORDS TO LOCATION SELECTED BELOW

(Include all patient history sheets, labs, imaging and any documentation related to the indication for referral.)

Clinic staff will contact your patient to schedule the appointment.

For a physician-to-physician consult Monday thru Friday (0830-1630) please call 503-561-2448

FOR OFFICE USE ONLY

Appointment Date: _____ Appointment Time: _____ Provider: _____

☐ **Salem Health Trauma and General Surgery**
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Fax: 503-814-4464

salemhealth.org

Salem Health Medical Clinic - General Surgery Skyline
(Dr. Eric Laro)

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Salem OR 97306 Dallas, OR 97338

Phone: 503-363-1660 Fax: 503-480-1846