



Referral Form

Please fax this form with patient chart notes, and reports to 503.540.6404. Thank you for your referral.

Salem:
1600 State Street
Salem, OR 97301
503-540-6300
hopeorthopedics.com

Dallas:
607 SE Jefferson Street
Dallas, OR 97338
503-540-6300
hopeorthopedics.com

Corvallis:
1128 NE 2nd Street
Corvallis, OR 97330
503-540-6300
hopeorthopedics.com

Patient Name: _____

Phone: _____ Cell: _____ Email: _____

Age: _____ DOB: _____ Date of Injury: _____
(If Applicable) Minor Guarantor: _____ Guarantor DOB: _____

Referring Provider: _____

Reason for Referral: _____

- Urgent/First Available Provider
- Order MRI at Hope Imaging Department; Send separate MRI Referral Form or call 503-540-6380 to schedule.

General Orthopedic:

- Any Provider
- Dr. John Ballard
- Dr. Robert Fan
- Dr. Mark Foglesong
- Dr. Robert Zirschky

Sports Medicine:

- Any Provider
- Dr. John Ballard
- Dr. Robert Fan
- Dr. Dan Sewell
- Dr. Richard Tobin
- Dr. Stephen Yao

Hip or Knee:

- Any Provider
- Dr. John Coen (incl. revisions)
- Dr. Mark Dolan (incl. revisions)
- Dr. Dan Sewell
- Dr. Robert Zirschky (incl. revisions)
- Dr. Stephen Yao

Shoulders:

- Any Provider
- Dr. John Ballard
- Dr. Robert Fan (incl. DJD)
- Dr. Dan Sewell
- Dr. Richard Tobin (incl. DJD)
- Dr. Robert Zirschky

Foot and Ankle:

- Any Provider
- Dr. Kelly McCormick
- Dr. Monica Zilkoski

Hand, Wrist, Elbow:

- Any Provider
- Dr. Mark Foglesong
- Dr. Jeffrey Knight

Trauma:

- Any Provider
- Dr. David Pressman
- Dr. Sudeep Taksali

Prior Studies Done: CT
 MRI
 Nerve Conduction
 US
 X-Ray

Location: Diagnostic Imaging Associates
 Doctor's Clinic
 Mission Medical Imaging
 Salem Clinic
 Salem Hospital/West Valley Hospital
 Salem Radiology Consultants
 Other _____

Please include only chart notes that pertain to this condition.