orthopedics of oregon™

REFERRAL FORM

Please fax this form with patient chart notes and imaging studies to **503.540.6404.**
Thank you for your referral.

SALEM
1600 State St.
Salem, OR 97301
503.540.6300

KEIZER
5825 Shoreview Lane N.
Keizer, OR 97303
503.540.6300

DALLAS
607 SE Jefferson St.
Dallas, OR 97338
503.540.6300

Patient's Name: _____

Birth Sex: _____ Gender Identity: _____ Preferred Pronouns: _____

Phone: _____ Cell: _____ Email: _____

Age: _____ DOB: _____ Date of Injury: _____

(If Applicable) Minor Guarantor: _____ Guarantor DOB: _____

Referring Provider *(first/last name)*: _____ Referring Provider Phone: _____

Reason for Referral: _____

Side of Injury: ☐ Right ☐ Left ☐ Bilateral

Previous Surgery on Site: ☐ Yes ☐ No

☐ To order a MRI at Hope Imaging Department; send separate MRI Referral Form or call 503.540.6300 to schedule.

☐ **URGENT/FIRST PROVIDER AVAILABLE:**

General Orthopedics
- ☐ Any Provider
- ☐ Dr. Robert Zirschky

Sports Medicine
- ☐ Any Provider
- ☐ Dr. Daniel Elkin
- ☐ Dr. Robert Fan
- ☐ Dr. Alana Ryan
- ☐ Dr. Richard Tobin

Hip or Knee
- ☐ Any Provider
- ☐ Dr. Gerald Aggrey
- ☐ Dr. Mark Dolan (incl. revisions)
- ☐ Dr. Shane Hess (incl. revisions)
- ☐ Dr. Dan Sewell
- ☐ Dr. Robert Zirschky (incl. revisions)

Shoulder
- ☐ Any Provider
- ☐ Dr. Robert Fan (incl. DJD)
- ☐ Dr. Richard Tobin (incl. DJD)
- ☐ Dr. Robert Zirschky

Hand, Wrist, Elbow
- ☐ Any Provider
- ☐ Dr. Aaron Karlen
- ☐ Dr. Jeffrey Knight
- ☐ Dr. Robert Zirschky

Foot and Ankle
- ☐ Dr. Kelly McCormick
- ☐ Dr. Robert Zirschky

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

PRIOR STUDIES DONE & DATE:
- ☐ CT / Date: _____
- ☐ MRI / Date: _____
- ☐ Nerve Conduction / Date: _____
- ☐ US / Date: _____
- ☐ X-Ray / Date: _____
- ☐ Other: _____

LOCATION:
- ☐ Doctor's Clinic
- ☐ Salem Clinic
- ☐ Salem Hospital/West Valley Hospital
- ☐ Salem Radiology Consultants
- ☐ Other _____

Please include only chart notes that pertain to this condition, along with updated demographics and insurance information.