

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

591 SE Clay 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

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

Previous Surgery on Site:  Yes  No

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