2480 Liberty Street NE, Suite 180, Salem, OR 97301
2211 NW Professional Drive, Suite 201, Corvallis, OR 97330
6485 SW Borland Road, Suite G, Tualatin, OR 97062
Phone: (503) 371-1010 | **Fax:** (503) 371-0805
Email: contact@paincareoregon.com

Poly Chen, MD; Andrew Oh, MD; Youngeun Cho, MD; Cuong Vu, MD; Don Winder, PA-C; David Keene, PA-C; Nash Keene, PA-C

Patient Referral Form

If you have your own referral form, that includes the requested information below, please feel free to use it. After receipt of your referral we will contact your patient. Additional information is attached to the back of this form.

Date: ____

Referring Provider / Specialty: ____

Referring Provider Phone: __________________________________ **Fax:** _________________________________

Primary Care Provider: ____

Patient Name: ____ **DOB:** _______________________________

Address: ____

Patient Phone (s): ______________________________________, _______________________________________

Reason: ____

____

Diagnosis: ____

Primary Insurance: ______________________ ID: ________________________ Group: ____________________

AUTH/REF# __________________________________ **Number of visits** __________________________________

Valid Dates: ____

Other Requests: ____

Please include the following information with this referral if possible:
Imaging, MRI, CT, plain films
Progress notes
Medication lists
Demographics

Please contact our Referral Department with any questions or concerns at (503) 371-1010.

Thank you for your referral.