



2480 Liberty Street NE, Suite 180, Salem, OR 97301  
2020 8th Ave Suite 200, West Linn, OR 97068  
10135 SE Sunnyside Road, Suite 120 Clackamas, OR 97015  
2211 NW Professional Drive, Suite 100, Corvallis, OR 97330  
2700 SE Stratus Ave., Suite 401, McMinnville, OR 97128  
**Phone:** (503) 371-1010 | **Fax:** (503) 371-0805  
**Email:** contact@paincareoregon.com

Poly Chen, MD; Andrew Oh, MD; Youngeun Cho, MD; Cuong Vu, MD; Elliot Yoo, MD; Don Winder, PA-C; David Reavis, 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.**