

# Salem Health Trauma and General Surgery

## Referral Request Form



### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Interpreter Needed? ☐ Yes ☐ No Language: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_  
Insurance ID #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Preauthorization Required: ☐ N/A Authorization #: \_\_\_\_\_ # of visits authorized: \_\_\_\_\_

### REFERRAL INFORMATION

☐ New referral ☐ Follow-up referral (*seen previously at clinic*)

Reason for referral: \_\_\_\_\_

Diagnosis Code(s): \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Referring Clinic: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

(Hemorrhoid diagnosis requires a documented anal/rectal exam and conservative treatment.)

### SERVICES OFFERED

Our Surgeons offer a broad scope of outpatient procedures, including minimally invasive, laparoscopic and robotic approaches:

- Gastric and small bowel surgery (benign and malignant, gastric outlet obstruction)
- Foregut surgery (paraesophageal hernias, refractory GERD, achalasia)
- Feeding tubes and PD catheters
- Pilonidal disease, skin grafts, burn care
- Adrenal Masses, splenectomies
- Select in-office procedures:
  - Removal of small superficial lesions ("lumps and bumps")
  - PD catheter externalization or removal
  - Wound debridement
  - Burn aftercare
- Hernia repair (simple to complex abdominal wall, groin)
- Gallbladder surgery
- Colorectal surgery (benign and malignant)
- Hemorrhoid banding
- Incision and drainage of simple abscesses
- Feeding tube exchanges
- Trauma aftercare

### APPOINTMENT URGENCY

☐ Urgent within 1 week ☐ 1-2 weeks ☐ 2-4 weeks Other: \_\_\_\_\_

Provider Signature \_\_\_\_\_

Date/Time \_\_\_\_\_

### PLEASE FAX ALL PERTINENT MEDICAL RECORDS TO LOCATION SELECTED BELOW

(Include all patient history sheets, labs, imaging and any documentation related to the indication for referral.)

**Clinic staff will contact your patient to schedule the appointment.**

**For a physician-to-physician consult Monday thru Friday (0830-1630) please call 503-561-2448**

### FOR OFFICE USE ONLY

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_ Provider: \_\_\_\_\_

☐ **Salem Health Trauma and General Surgery**  
665 Winter Street SE  
Salem, OR 97301  
Phone: 503-561-2448  
Fax: 503-814-4464

[salemhealth.org](http://salemhealth.org)

**Salem Health Medical Clinic - General Surgery Skyline  
(Dr. Eric Laro)**

☐ 5050 Skyline Village Loop ☐ 6641 SE Miller Ave.  
Salem OR 97306 Dallas, OR 97338

Phone: 503-363-1660 Fax: 503-480-1846