



PHYSICIANS

MARTIN J. BALISH, M.D.
DANIEL B. BROWN, M.D.
KELLY D. CHUNG, M.D.
THOMAS I. CRAWFORD II, M.D.
DEVIN M. GATTEY, M.D.
GRANT R. LINDQUIST, M.D.
DINELLI M. MONSON, M.D.
NISHA NARGARKATTI-GUDE, M.D.
JACQUELINE K. NG, M.D.
JENNIFER L. LYONS, M.D.
CHRISTEN K. RICHARD, M.D.
HILLARY C. STIEFEL, M.D.
VASILIKI D. STOUMBOS, M.D.

ALOHA Gattey, Nisha, Ng
18345 SW Alexander St, Suite A
Aloha, OR 97006
(503) 642-2505 Fax (503) 649-9556

GRESHAM Chauhan, Lyons
1380 E Powell Blvd
Gresham, OR 97030
(503) 491-9277 Fax (503) 492-4107

LAKE OSWEGO Gattey, Nisha, Ng
4035 SW Mercantile Dr, Ste 216
Lake Oswego, OR 97035
(503) 636-2551 Fax (503) 636-3055

NEWBERG Lindquist, Monson, Stiefel
2318 Portland Rd, Ste 300
Newberg, OR 97132
(503) 538-1341 Fax (503) 538-1343

PORTLAND - GOOD SAM Stoumbos
1130 NW 22nd Ave, Suite 630
Portland, OR 97210
(503) 227-1409 Fax (503) 241-0587

PORTLAND - PROVIDENCE Crawford, Lyons, Richard
5050 NE Hoyt St, Suite 445
Portland, OR 97213
(503) 231-0166 Fax (503) 231-2720

PORTLAND - ST. VINCENT
Balish, Brown, Chung
9135 SW Barnes Rd, Suite 961
Portland, OR 97225
(503) 292-0848 Fax (503) 296-0635

SEASIDE Lyons, Stoumbos
727 South Wahanna Rd, Ste 101
Seaside, OR 97138
Dr. Lyons (888) 315-7476
Dr. Stoumbos (800) 789-7753
Fax (503) 717-7631

TILLAMOOK Stiefel
980 Third St, Suite 100
Tillamook, OR 97141
Toll Free (877) 777-9026
Fax (503) 296-0635

TUALATIN - MERIDIAN PARK
Lindquist, Monson
19250 SW 65th Ave, Suite 215
Tualatin, OR 97062
(503) 692-3630 Fax (503) 692-3420

www.oregoneyes.net

CONSULTATION/REFERRAL REQUEST

Referral Type:

- URGENT Schedule within 24-72 hours
STANDARD Next available within 3 weeks

Patient Name: _____

DOB: _____ Phone: _____

Address: _____

Insurance: _____ ID#: _____

Referral obtained? Yes No Referral#: _____

Optional: fax copy of patients insurance card(s)

Referring Provider: _____

Address: _____

Phone: _____ Fax: _____

Today's date: _____ Date of last exam: _____

Referral to: _____ Any Provider

Reason for consultation/referral: _____

PLEASE INCLUDE PATIENT RECORDS

APPOINTMENT CONFIRMATION OES to complete and fax back:

Doctor: _____ Location: _____

Date: _____ Time: _____