



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.
 MAY KHADEM, M.D.
 GRANT R. LINDQUIST, M.D.
 DINELLI M. MONSON, M.D.
 NISHA NARGARKATTI-GUDE, M.D.
 JACQUELINE K. NG, M.D.
 DAVID SANDERS M.D.
 CHRISTEN K. RICHARD, 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

LAKE OSWEGO Gattey, Nisha, Ng
 9 Monroe Parkway, Suite 160
 Lake Oswego, OR 97035
 (503) 636-2551 Fax (503) 636-3055

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

PORTLAND - PROVIDENCE
 Crawford, Richard, Sanders
 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

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

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: _____