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IR Clinic REFERRALS and ANGIO orders ONLY *(US/ CT BX ORDERS ARE SCHEDULED BY Salem Health Scheduling)

Date: _____

(circle one): ROUTINE= next available ASAP=as soon as possible STAT=same day emergent

Referring MD: _____ **Provider sig: (required):** _____

Pt. Name: _____ DOB: _____ Pt. Phone: _____

PROCEDURE: _____ **ICD 10:** _____

Insurance : _____ Referral required? yes no Ref#: _____

Ref date range: _____

CC: _____

PROCEDURE ORDERS must include: copy of H&P within last 30 days or most recent chart notes. **Order must have a valid physician signature, diagnosis code and chart note in order to be scheduled.

CLINIC VISIT WITH AN IR PHYSICIAN must include:

Patient Demographic sheet

Copy of insurance card or proof of insurance

Copy of H&P within the last 30 days if available or most recent chart notes.

We will contact your patients

SALEM INTERVENTIONAL RADIOLOGY CLINIC **FAX: 503-485-3748**

Direct Clinic Phone Number 503-763-7471

"Providing Compassionate Care through Advanced Minimally Invasive Procedures"