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IR Clinic REFERRALS and ANGIO orders ONLY *(US/CT BX ORDER 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): _____

Patients Name: _____ DOB: _____ PT Phone: _____

PROCEDURE: _____ ICD 10: _____

INSURANCE: _____ Yes No Ref#: _____

Ref Date Range: _____

CC: _____

PROCEDURE ORDERS must include: Copy H&P within last 30 days or most recent hart notes:

****Order must have a vaild hysician signature, diagnosis code and chart notes in order to be scheduled.****

CLINIC VISIT WITH AN IR PHYSICAL 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

Insurance Authorization Required

We will contact your patient

SALEM INTERVENTIONAL RADIOLOGY CLINIC FAX: 503485-3748

Direct Clinic Phone Number: 503-763-7471

"Providing Compassionate Care through Advanced Minimally Invasive Procedures"