



2480 Liberty St NE, Suite 180, Salem, OR 97301
2211 NW Professional Dr., Suite 100, Corvallis, OR 97330
2700 SE Stratus Avenue, Suite 401, McMinnville, OR 97128
2020 8th Avenue, Suite 200, West Linn, OR 97068
10001 SE Sunnyside Road, Suite 100, Clackamas, OR 97015
Office: (503) 371-1010 Fax: (503) 371-0805
Email: referrals@paincareoregon.com

Poly Chen, MD | Andrew Oh, MD | Youngeun Cho, MD | Cuong Vu, MD | Gregory Gullo, MD | Yaw Sarpong, MD
Allison Gullo, MD | Don Winder, PA-C | Jason Milbert, PA-C | David Reavis, PA-C | Dale Lee, FNP

Patient Referral Form

If you have your own referral form that includes the requested information below, please feel free to use it. After receipt of your referral, we will contact your patient.

Date:
Referring Provider / Specialty:
Referring Provider Phone: Fax:
Primary Care Provider:
Patient Name: DOB:
Address:
Patient Phone (s):
Reason:
Diagnosis:
Primary Insurance: ID: Group:
AUTH/REF# Number of visits
Valid Dates:
Other Requests:

Please include the following information with this referral if possible:

Demographics | Progress notes | Imaging, MRI, CT, plain films | Medication lists

Please email referrals to referrals@paincareoregon.com,
fax documents to (503) 371-0805 or text questions to (503) 371-1010.

Thank you for your referral.