

Consultation Request Form

Referring Doctor

Name _____

Phone (____) _____ Fax (____) _____

Address _____

Date of Exam _____

Patient Insurance Information _____

Patient Information

Name _____

Phone (____) _____

Address _____

Date of Birth _____

Reason for Consultation _____

Relevant exam findings: _____

Clackamas County Offices:

Doctors Line: (503) 656-4221

Fax: (503) 656-4249

- Oregon City
- Milwaukie
- Sunnyside

East Portland Offices:

Doctors Line: (503) 255-2291

Fax: (503) 252-1797

- Southeast Portland
- Gresham
- Northeast Portland
- Sunnyside

Westside Offices:

Doctors Line: (503) 227-2020

Fax: (503) 222-0614

- Northwest Portland
- Barnes Rd
- Tigard

Clackamas County Doctors:

- Alan Bengtzen, MD
- Charles Bock, MD
- Brent Chalmers, MD
- Royce Fonken, MD
- Scott Grealish, MD
- J Kevin McKinney, MD
- Jason Skalet, MD
- Paul Stromberg, MD

East Portland Doctors:

- M. Christine Hauptmann, MD
- Daniel Holland, MD
- Jonathan Kemp, MD
- Shane Kim, MD
- Jordon Lubahn, MD
- Robert McGlynn, MD
- Roger Saulson, MD
- James Waldman, MD

Westside Doctors:

- Aazy Aaby, MD
- Rebecca Armour, MD
- Robert Bentley, MD
- Sonal Dave, MD
- Kerry Hagen, MD
- Andrew Romanowski, MD
- Prashanth Vallabhanath, MD

Plan

- I have scheduled this patient to be seen at EHNW on (date) / /
- I would like EHNW to contact this patient to schedule an appointment