



# DEACONESS REFERRAL GUIDE

1/24/2012

Deaconess Information Line 812/450-5000

DEACONESS SCHEDULING 812/450-5252					
Procedure	Prompt	Procedure	Prompt	Procedure	Prompt
Radiology Scheduling, Blood Bank & Respiratory	1	Pretesting	4	Sleep Lab	7
Physical Medicine	2	Cardiac Cath Lab	5	Endoscopy	8
Non-Invasive Cardiology	3	Neurology	6	Outpatient Chemotherapy	9

Pre-cert number for inpts can be called to Deaconess Admitting (room assignment) 450-2711. Pre-cert numbers for outpt procedures can be called to outpt pre-cert 492-5170

Ancillary Service	Scheduling	FAX	Info Needed to Schedule	*see pre-cert info	Administrative Contact
Admitting / Room Assignment	450-2711	450-7241	Name, Address, Ph #, SS #, DOB, office name/Ph #, Dx code.		
Anticoagulation Clinic	450-3990 Resource Ctr	450-3591	Name, Address, Ph #, MD, Physician fax, Pt location. Referral form faxed to MD w/ order sheets, DOB		Carrie Morton 450-2494 Deaconess Anticoag. Clinic
Black Lung	450-2447	450-7381	Name, Ph #, DOB, Physician, Dx, insurance info. Fax order		Linda Wheeler 450-2447
Blood Bank	450-5252 #1	450-2474	Name, DOB, Physician, Dx, Date/time preference, Precert number. Pt can bring order or may be faxed		S-Carol Kolb 450-3413 L-Patty Sollman 450-2471
Breast Center	424-1200	424-4163	Name, Address, Ph #, SS#, DOB, Physician, Previous Mammograms, Report any problems. Order may be faxed or sent with patient.		Kathy Dockery 422-3254
Cancer Services / Chancellor Center	858-3353	858-7497	Name, Ph #, DOB, Physician, Dx, Procedure, Preferred Date/Time		
Cardiac Cath Lab	DH: 450-5252 #5 DGH: 842-3260	450-4947 842-3220	Name, SS#, Procedure, MD, Group, Inpt or Outpt, Date/time preference. Standing orders in Cath Lab for proc		Karen Fox 450-2705
Cardiac Rehab Svcs	450-2345	450-2347	Name, Address, Ph #, DOB, MD, Dx, Type of rehab needed. Pt can bring order or may be faxed		Staci Hodges 450-2345 Deaconess Cardiac Rehab
Chemotherapy- Out Patient	450-5252 #9	450-5156	Name, Ph #, DOB, Physician, Dx, Procedure, Preferred Date/Time. Pt brings order or faxed to outpt chemo		OPC-Angela Stroud 450-5226
Cystic Fibrosis Clinic	450-2176		Name, Address, Ph #, MD. Hx will be obtained at time of scheduling		Cindy Zirkelbach 450-2176
Deaconess Clinic	Primary Care: Specialty Care:				Heather Orth 492-5157 Julie Dingman 426-9417
Diabetes Center	450-6300	450-6310	Name, Address, Ph #, MD, DOB, Dx code, type of educ needed. Referral may be faxed.		450-6305
Dietary Teaching	450-3488	450-2182	Name, Address, Ph #, MD, DOB, Dx code, type of educ needed. Referral may be faxed.		450-3493
ECHO, EKG, Treadmill	DH: 450-2700 DGH: 842-0907	450-2027	Name, Ph #, SS#, DOB, MD, Request physician to read, Dx. Pt bring order/ Pt given instruction to prep for testing		Karen Fox 450-2705
EEG	450-5252 #6	450-2027	Name, Age, Ph #, Referring MD, Dx, Request physician to read. Pt brings order or may be faxed		450-2449
Emergency Department	DH: 450-3405 DGH: 842-3030				Marlene Waller 450-2039 Amy Scamman 842-3025
Enterostomal Therapy Clinic	450-7389		Name, Address, Ph #, MD, Dx		Paula Snodgrass 450-7389
Gateway Gastroenterology	842-2701	842-2717	Name, Ph #, MD, Procedure, CPT Code, Preferred Time/Date, Dx		Terri Asher 842-2701
GI Lab/Endoscopy	450-5252 #8	450-7175	Name, Ph #, MD, Procedure, CPT Code, Preferred Time/Date, Dx		Jenny Elfreich 450-2496
HealthSouth Deaconess Rehab Hospital	476-9983	476-4270			Inpt: Ryan Mehninger 437-6114 Outpt: Donna Roth 437-6121
Home Services					
-- Home Care, Hospice	450-4673	450-7393	Name, Address, Ph #, DOB, MD, insurance info, services/equipment needed.		Vickie Jasper 450-7352
-- HME/Infusion	450-4673	450-4665	Name, Address, Ph #, DOB, MD, insurance info, services/equipment needed.		Steve Camp 450-6148
-- HME Retail (DH & DGH)	450-4673		Name, Address, Ph #, DOB, MD, insurance info, services/equipment needed.		Jim Hays 450-2032
Hospitalists -- Deaconess Care Group	450-2334	450-2193	Include all pertinent clinic notes.		Lissa Rexing 450-7338
Joint Replacement	450-7182		Patients are scheduled by surgeon's offices of Orthopaedic Associates, TriState Orthopaedics and Orthopaedic Surgery Specialists.		Karen Cross 450-7182
Laboratory	450-2740	450-6054	Name, Address, DOB, Office Ph #, test ordered, Dx code. Fax order to # listed. (see back for pt svc locations)		Karen Denton 450-2740
Mental Health Svcs -- Deaconess Cross Pointe (Care Team)	476-7200	471-4601	Identify self, patient name, DOB, M/F, Address, Ph #, symptoms, referring MD, reason for referral, meds, insurance info. Info will be obtained by care team member & initial assessment is set up		Joe Kirsch 471-4517
Midwest Radiologic Imaging -- CT, MRI, General, Nuc Med, USD, PET (Outpt svcs for Gateway Hospital)	858-0080	858-6637	Name, Ph #, DOB, office name/Ph #, procedure, Dx code, insurance info. Pt may bring order or order may be faxed.		Maria Kraus 858-0080

Ancillary Service	Scheduling	FAX	Info Needed to Schedule	*see pre-cert info	Administrative Contact
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**D E A C O N E S S R E F E R R A L G U I D E****Deaconess Information Line 812/450-5000**

Pain Clinic -- Nerve Blocks	DH: 450-2720 DGH: 842-2720	450-2725 842-2751	Name, Ph # (Home & Work), Referring MD, Requested Anesthesiologist, Procedure	Diana McDaniel 450-3044
Pediatrics -- Deaconess Riley Children's Svcs	858-3131	858-3140	Name, Ph #, DOB, physician, DX, Preferred Date/Time. Pt may bring order or order may be faxed.	Anita Hagan 858-3130
Physical Medicine -- Speech, Occupational, Physical Therapies	DH & 476-7000 DGH	476-2446	Name, DOB, Ph Number, Insurance, Precertification, ICD9 Code, Physician	Ashley Dekemper 476-7000
Pretesting (Preadmission)	450-5252 #4	450-2727	Name, Ph Number, DOB, Physician, Dx, Procedure, Preferred Date/Time. Pt may bring order, orders faxed, or staff can call MD office for orders.	Libby Ketchem 450-4800
Primary Care/Seniors -- North Park office -- Oak Hill office -- Gateway office	436-7280 485-2580 858-3280	436-7290 485-2590 858-3290	Name, Address, Ph. #, SS#, DOB, MD, Insurance. Last H&P and X-rays requested	Judy Estes
Progressive Care Center -- Skilled Nursing Facility	450-5608	450-5656	Name, location, Ph #, physician	Peggy Dossett 450-5604 Diane Dodge 450-5659
Radiation Therapy	858-2273	858-2284	Name, Ph Number, DOB, Physician, Dx, Procedure, Preferred Date/Time	Ray Poston 858-2266
Radiology -- CT, MRI, General, USD --Nuclear Medicine -- Specials	450-5252 #1 450-5252 #1 450-2460	450-7257 450-6106 450-7257	Name, Ph Number, DOB, Physician, Dx, Procedure, Preferred Date/Time. Any special instructions provided at the time of the call	CT, MRI, GEN, USD - Susan Brumley 450-2070 NM - Kay Myers 450-3330 SP - Jennifer Small 450-2460
Resource Center/ Health Finder -- referrals, health info, community health info, screenings, education	450-6000	450-5043	Name, Ph #, DOB, address, topic of interest	Becca Goldman 450-7353
Respiratory	DH: 450-5252 #1 DGH: 842-3572	450-7381 842-3567	Name, Ph Number, DOB, Physician, Dx, Procedure, Preferred Date/Time. Pt can bring order or may be faxed.	S-Carol Kolb 450-3413 R-450-2449
Sleep Lab	450-5252 #7	450-3394	Complete Direct Referral Sheet and fax. Direct referral for OSA all other sleep disorders require consult.	450-3976
Surgery SDS/<24 HR/ AM ADMIT  INPATIENT  ADMIT	450-2718  450-2718 450-2718	450-2710  450-2710 450-2710	Name, DOB, Home Address, Home Ph #, Last 4 numbers of SS#, Diagnosis, MD, Date of Surgery. Any NEEDS: Instruments, special needs, assisting doctors, additional scrub  Name, MD, Procedure, Time of Procedure. Case Number will be given-Surgery Scheduler will repeat & verify: DR, Time, Date & Start time of Surgery  Name, Pt. Address, MD, Date of Surgery, Procedure, Time of Procedure. A 3 way call with Room Assignment will be conducted to assign a room number. Case Number will be given. Scheduler will repeat & verify: DR, Time, Date & Start time of Surgery	  Vicki Martin 450-4929
Weight Loss Solutions	450-7419	450-6760		Karen Peake 450-6753
Women's Hospital	842-4200	842-4226		
Wound Services	450-7700	450-7705	Name, Address, Ph. #, SS#, DOB, MD, Insurance. Pt can bring order/Fax order if special supplies needed	Libby Ketchem 450-7700 Deaconess Wound Services

Outpatient Laboratory Patient Service Locations		Hours	Phone
<u>Newburgh/East Side:</u>			
Deaconess Diagnostic Ctr East (Gateway Campus)	4133 Gateway Blvd, Suite 110	M-F 8:00 am - 5:00 pm	858-6255
Deaconess Gateway Hospital	Inside hospital, check in at Pt Reg	M-F 7:30 am - 4:30 pm, Sat 7:00am - 1:00pm	842-3448
<u>North Side:</u>			
Deaconess Diagnostic Center	North Park, 4494 First Ave.	M-F 8:00 am - 5:00 pm (closed 12 -1 pm)	436-7293
<u>Mt Vernon:</u>			
Deaconess Hospital Outpatient Lab	1900 West 4th St., Suite 6, Mt. Vernon	Tues & Fri ONLY, 8:00 am -10:00 am	838-2053
<u>Downtown:</u>			
Deaconess Hospital Outpatient Lab	Inside hospital, check in at Pt Reg	M-F, 6:00 am - 7:00 pm; Sat 7:00 am - 3:00 pm	450-3440
Doctors Plaza (Deaconess Hospital campus)	611 Harriet St, Suite 102	M-F, 8:00 am -5:00 pm	450-3929
To fax a lab order, for all locations, please fax to: <b>812/450-6054</b>			

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