DEACONESS REFERRAL GUIDE

Deaconess Information Line 812/450-5000

DEACONESS SCHEDULING 812/450-5252

Procedure	Prompt	Procedure	Prompt	Procedure	Prompt
Radiology Scheduling & Respiratory	1	Pretesting	4	Sleep Lab	7
Physical Medicine	2	Cardiac Cath Lab	5	Endoscopy	8
Non-Invasive Cardiology	3	Neurology	6		

Precert number for inpts can be called to Deaconess Admitting (room assignment) 450-2711. Precert numbers for outpt procedures can be called to outpt precert 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**	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	**450-2499**	450-2474	Name, DOB, Physician, Dx, Date/time preference, Precert number. Pt can bring order or may be faxed	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** THH: **842-3260**	450-4947 842-3220	Name, Procedure, Dx, MD, Group, Inpt/Outpt, Date/time preference. Standing orders in Cath Lab for procedure	Karen Fox 450-2705 Terri Wheat 842-3232
Cardiac Rehab Svcs	DH & THH: **450-2345**	450-2347	Name, Address, Ph #, DOB, MD, Dx, Type of rehab needed. Pt can bring order or may be faxed	Staci Hodges 842-2345
Chemotherapy- Outpatient	**492-5255**	858-4521	Name, Ph #, DOB, Physician, Dx, Procedure, Preferred date/time. Pt brings order or can fax	OPC-Angela Stroud 450-5226
Deaconess Clinic				Julie Dingman 426-9417
Diabetes Center	**426-9894**	426-6612	Name, Address, Ph #, MD, DOB, Dx code, type of educ needed. Referral may be faxed.	Brielle McKinney 492-5183
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, Tilt Table, Nuc Med (THH)	DH: **450-2700** THH: **842-3244**	450-2027 842-3474	Name, Ph #, DOB, MD, Request physician to read, Dx. Pt bring order/ Pt given instruction to prep for testing	Karen Fox 450-2705 Penny Goshert 842-3472
EEG	**450-5252 #6**	450-2027	Name, Age, Ph #, Referring MD, Dx, Request physician to read. Pt brings order or can fax	Chris Stoelting 450-2447
Emergency Department	DH: **450-3405** DGH: **842-3030**			Marlene Waller 450-2039 DGH 842-3025
Enterostomal Therapy Clinic -- wound, ostomy & continence nurse	**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 Mehringer 437-6114 Outpt: Donna Roth 437-6121
The Heart Hospital (THH) -- Admission/Transfer	main: **842-4784** **ADON 842-3971**	842-3921		
Heartcare Cardiology Outreach Clinics	**800/432-7868 x5442**	450-6029	Name, SS#, Address, DOB, Ins Info., Ph#, Phys referring, Diagnosis, Clinic location preference	Penny Goshert 842-3472
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
Infusion Services -- Outpatient	**492-5255**	858-4521	Name, Ph #, DOB, Physician, Dx, Procedure, Preferred date/time. Pt brings order or can fax	
Joint Replacement	**842-2722**	842-3052	Patients are scheduled by surgeon's offices of Orthopaedic Associates, TriState Orthopaedics and Owensboro Sports Medicine & Orthopedics.	Karen Cross 842-2722 www.deaconess.com/joint
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
Medication Therapy Management Clinic	**450-4MTM (686)**			Carrie Morton 450-2494
Mental Health Svcs -- Deaconess Cross Pointe (Care Team)	**476-7200**	471-4601	Identify self, pt 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 set up	Joe Kirsch 476-7200
Midwest Radiologic Imaging -- CT, MRI, General, Nuc Med, USD, PET, DEXA, Mammography (Outpt svcs for DGHI)	**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

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 8 1 2 / 4 5 0 - 5 0 0 0

Ancillary Service	Scheduling	FAX	Info Needed to Schedule *see pre-cert info	Administrative Contact
Pain -- Deaconess Comprehensive Pain Centers	West: **450-4131** DGH: **842-2725**	858-4590	Name, Ph #, Epic Referral or fax paper referral for non-epic	Tiffany Horn 450-3044
Pediatrics -- Deaconess Riley Children's Svcs	**858-3131**	858-3140	Name, Ph #, DOB, name of PCP and DX.	
-- Pediatric Echo	**858-3131**		Name, Ph #, DOB, name of PCP and DX.	Anita Hagan 842-3830
-- Pediatric Hospitalist & Intensivist Svc	**450-PEDS**			
-- Pediatric Sedation Services	**450-PEDS**			
-- Pediatric Infusions	**450-PEDS**			Paula Yarbrough
Physical Medicine -- Speech, Occupational, Physical Therapies	DH & DGH **450-3354**	450-7497	Name, DOB, Ph Number, Insurance, Precertification, ICD9 Code, Physician	Chad Schnarr 450-3393
Pretesting (Pre-admission)	**450-5252 #4**	450-2727	Name, Ph #, 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	 **436-7280** **485-2580**	 436-7290 485-2590	Name, Address, Ph #, SS#, DOB, MD, Insurance. Last H&P and X-rays requested	Judy Estes 453-5051
Radiation Therapy	**858-2273**	858-2284	Name, Ph #, DOB, Physician, Dx, Procedure, Preferred Date/Time	858-2266
Radiology -- CT, MRI, General, USD --Nuclear Medicine -- Specials	 **450-5252 #1** DH: **450-3330** DGH: **842-3077** **450-2460**	 450-7257 450-6106 842-4420 450-7257	Name, Ph #, DOB, Physician, Dx, Procedure, Preferred Date/Time. Any special instructions provided at the time of the call. Office or patient can fax or bring in order/script.	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 Scott 450-7353
Respiratory	DH: **450-5252 #1** DGH: **842-3572**	450-7381 842-3567	Name, Ph #, DOB, Physician, Dx, Procedure, Preferred Date/Time. Pt can bring order or may be faxed.	Chris Stoelting 450-2447
Deaconess Sleep Center	**450-6740**	450-3394	Complete Direct Referral Sheet and fax. Direct referral for OSA all other sleep disorders require consult.	Dee Summers 450-3976
Surgery SDS/<24 HR/ AM ADMIT	**450-2718**	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	Vicki Martin 450-4929
INPATIENT	**450-2718**	450-2710	Name, MD, Procedure, Time of Procedure. Case Number will be given-Surgery Scheduler will repeat & verify: DR, Time, Date & Start time of Surgery	
ADMIT	**450-2718**	450-2710	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	
Weight Loss Solutions	**450-7419**	450-6760		Brielle McKinney 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
Newburgh/East Side:			
*Deaconess Regional Lab - Newburgh	4133 Gateway Blvd, Suite 110	M-F 8am - 5pm	858-6255
*Deaconess Gateway Hospital Outpatient Lab	Inside Gateway Hospital, check in at Pt Reg	M-F 7am - 6pm, Sat 7am - 1pm	842-3447
North Side:			
Deaconess Regional Lab & W-Ray -- North Park	North Park Shopping Center, 4494 First Ave.	M-F 8am - 5pm (closed 12 -1 pm)	436-7293
Mt Vernon:			
Deaconess Regional Lab & W-Ray -- Mt. Vernon	1900 West 4th St., Suite 6, Mt. Vernon	M-F 8am - 5pm; X-Ray 9am - 5pm	838-2053
Downtown:			
*Deaconess Regional Lab -- Main Campus	Inside hospital, check in at Pt Reg	M-F 6am - 7pm; Sat 7am - 3pm	450-3440
*Deaconess Regional Lab -- Doctor's Plaza	611 Harriet St, Suite 102	M-F 8am -5pm	450-2470
Henderson:			
Deaconess Regional Lab -- Henderson II	340 Starlite Drive, Henderson	M-F 8am-5pm	270/844-8097

To fax a lab order, for all locations, please fax to: **812/450-6054**

* appointments for 2 & 3 hour Glucose test accepted.

To download the most current version of this guide, go to **www.deaconess.com/docs** and click on the "Referral Guide" on the right.