



# DEACONESS REFERRAL GUIDE

3/3/2014

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 Medication Mgmt
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		Tiffany Horn 450-3044
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
The Heart Hospital (THH) -- Admission/Transfer	main: 842-4784 ADON 842-3971	842-3921			
Health Information, Senior Info -- referrals, health info, community health info, screenings, education	450-6000	450-5043	Name, Ph #, DOB, address, topic of interest		Becca Scott 450-7353
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.		Stephanie Whitten 450-4999
-- 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.		Sara Holzmeyer 842-3782
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

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Midwest Radiologic Imaging -- CT, MRI, General, Nuc Med, USD, PET,	<b>858-0080</b>	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
Pain -- Deaconess Comprehensive Pain Centers	West: <b>450-PAIN (7246)</b> DGH: <b>842-2720/2737</b>	450-2228 842-2751	Name, Ph #, Epic Referral or fax paper referral for non-epic	Tiffany Horn 450-3044
<b>Pediatrics</b> -- Deaconess Riley Children's Svcs -- Pediatric Echo -- Pediatric Hospitalist & Intensivist Svc -- Pediatric Sedation Services -- Pediatric Infusions	<b>858-3131</b> <b>858-3131</b> <b>450-PEDS</b> <b>450-PEDS</b> <b>450-PEDS</b>	858-3140	Name, Ph #, DOB, name of PCP and DX. Name, Ph #, DOB, name of PCP and DX.	Anita Hagan 842-3830 Paula Yarbrough
Physical Medicine -- Speech, Occupational, Physical Therapies	DH & <b>450-3354</b> DGH	450-7497	Name, DOB, Ph Number, Insurance, Precertification, ICD9 Code, Physician	Chad Schnarr 450-3393
Pretesting (Pre-admission)	<b>450-5252 #4</b>	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	<b>436-7280</b> <b>485-2580</b>	436-7290 485-2590	Name, Address, Ph #, SS#, DOB, MD, Insurance. Last H&P and X-rays requested	Amy Kennedy 436-7280
Radiation Therapy	<b>858-2273</b>	858-2284	Name, Ph #, DOB, Physician, Dx, Procedure, Preferred Date/Time	858-2266
<b>Radiology</b> -- CT, MRI, General, USD --Nuclear Medicine -- Specials	<b>450-5252 #1</b> DH: <b>450-3330</b> DGH: <b>842-3077</b> <b>450-2460</b>	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
Respiratory	DH: <b>450-5252 #1</b> DGH: <b>842-3572</b>	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	<b>450-6740</b>	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 INPATIENT ADMIT	<b>450-2718</b> <b>450-2718</b> <b>450-2718</b>	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	<b>450-7419</b>	450-6760		Brielle McKinney 450-6753
Women's Hospital	<b>842-4200</b>	842-4226		Julia Baumeyer 842-4652
Wound Services	<b>450-7700</b>	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
<b>Newburgh/East Side:</b>		
*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
<b>North Side:</b>		
Deaconess Regional Lab & W-Ray -- North Park	North Park Shopping Center, 4494 First Ave.	M-F 8am - 5pm (closed 12-1 pm) 436-7293
<b>Mt Vernon:</b>		
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
<b>Downtown:</b>		
*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
<b>Henderson:</b>		
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: <b>812/450-6054</b>		* appointments for 2 & 3 hour Glucose test accepted.

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