

Mario Pastega House

Fax Communication

3505 NW Samaritan Dr. Corvallis, OR 97330

Referral Form

Before faxing referral please call for room availability @541-768-4650

Send Fax Referrals to 541-768-5425

Today's Date _____

ROOM

OR

RV SPACE

Guest Name _____

Address _____

Home Phone # _____ Cell # _____

of guests _____ Patient's Name _____

Guest must confirm room request 24 hours prior to arrival date @ 541-768-4650

This Form Must Be Filled Out & Faxed By Referring Department

Reason for Stay _____

Date and Time of Procedure (if applicable) _____

Estimated Length of Stay _____ Date of Arrival _____

Referred by (SHS Employee) Print: _____ Dept: _____

Employee Signature _____ Dept. phone # _____

- **Guests must have a valid photo I.D.**
- **Rooms are limited to 1 per patient**
- **Room Rate \$20.00 per night**

This information has been disclosed to you from records that are confidential and may be protected under state law or federal regulations. These laws and regulations prohibit any further disclosure of this information without the specific written consent of the person to whom the records pertain, or as otherwise permitted by these laws and regulations. Re-disclosure of this information in violation of these laws and regulations may subject you to civil and criminal penalties.