

Mario Pastega House

Fax communication

Referral form

3505 NW Samaritan Drive • Corvallis, OR 97339 • www.samhealth.org

phone (541) 768-4650 fax (541) 768-5425

Date: _____

To: **Mario Pastega House**

Fax number: **541-768-5425**

Guest name: _____

Guest address: _____ Guest phone number: _____

_____ Number of guests: _____

_____ Patient's name: _____

Estimated length of stay: _____ Date of arrival: _____

Referred by: _____ Phone number: _____

Signature: _____

**Please instruct the guest referred to phone 541-768-4650 to make arrangements
Guest must have a valid photo I.D.**