

 <p>LEGACY HEALTH</p>	<p>Legacy Day Treatment Unit Provider's Orders</p> <p>Adult Ambulatory Infusion Order Saline Challenge Test</p>	<p>Patient Name: Date of Birth: Med. Rec. No (TVC MRN Only):</p>
<p align="center">ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE</p>		

Please check the appropriate box for the patient's preferred clinic location:

- | | |
|---|---|
| <input type="checkbox"/> Legacy Day Treatment Unit –
The Vancouver Clinic Building
<i>A department of Salmon Creek Medical Center</i>
700 NE 87 th Avenue, Suite 360
Vancouver, WA 98664
Phone number: 360-896-7070
Fax number: 360-487-5773 | <input type="checkbox"/> Legacy Emanuel Day Treatment Unit
<i>A department of Emanuel Medical Center</i>
501 N Graham Street, Suite 540
Portland, OR 97227
Phone number: 503-413-4608
Fax number: 503-413-4887 |
| <input type="checkbox"/> Legacy Salmon Creek Day Treatment Unit
<i>Legacy Salmon Creek Medical Center</i>
2121 NE 139 th Street, Suite 110
Vancouver, WA 98686
Phone number: 360-487-1750
Fax number: 360-487-5773 | <input type="checkbox"/> Legacy STEPS Clinic
<i>A department of Silverton Medical Center</i>
Legacy Woodburn Health Center
1475 Mt Hood Ave
Woodburn, OR 97071
Phone number: 503-982-1280
Fax number: 503-225-8723 |

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

Contact name/number for questions: _____