Cascade Health Alliance, LLC

2909 Daggett Suite 225
Klamath Falls, OR 97601

Rapid Referral for SUD Services

Patient Name _____ DOB _____

- ☐ Lutheran Community Services Fax 541-883-3524
- ☐ Klamath Basin Behavioral Health Fax 541-884-2338
- ☐ Best Care Fax 541-883-8194
- ☐ Transformations Wellness Center Fax 541-884-1105

Additional Information

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_____ _____ _____

Physician Date Signature

Please use this form to refer the member to the behavioral health provider of their choice. Please fax this form to the preferred provider. Thank you.