

EMORY

TRANSPLANT CENTER

Reason for Referral:

- Lung Transplant Consult
 Advanced Lung Disease Consult (General Pulmonary, ILD, PH)

Fax Completed Form & Documents:

Lung Transplant: Fax 404-712-1273 Phone 855-366-7989, Ext. 4

Advanced Lung Disease: Fax 404-778-4431 Phone 404-778-3261

Referral Date _____ Phone _____

Completed By _____ Fax _____

Referring Physician _____ Referring Diagnosis _____

Address _____ City _____ State _____ Zip _____

Patient Name _____ DOB _____ Age _____

Address _____ City _____ State _____ Zip _____

Sex _____ Race _____ Social Security # _____

Phone _____ Alternate # _____

Insurance Company _____ Group Number _____

Insurance Subscriber _____ Policy Number _____

Relationship to Patient _____

Recent Office Notes Yes No Notes _____

Pulmonary Function Testing/Six-Minute Walk Yes No Notes _____

Radiology Reports (Chest CT, Chest X-Ray, etc) Yes No Notes _____

Diagnostic Reports (Pathology, Cardiac Cath, etc) Yes No Notes _____

Copy of Insurance Card (Front & Back) Yes No Notes _____

Copy of Driver's License Yes No Notes _____