



John Kingrey, M.D.  
Nicolas Shelburne, M.D.  
Mark Rolfe, M.D.  
Arslan Ahmad, M.D.

**Center for Advanced Pulmonary Disease  
Referral Request**

Date: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: XXX-XX-\_\_\_\_\_

Referring Physician: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

PCP Name: \_\_\_\_\_ PCP Phone: \_\_\_\_\_

I AM REFERRING MY PATIENT FOR:	<input type="checkbox"/> Lung Transplant Consult <input type="checkbox"/> Pulmonary Hypertension Consult <input type="checkbox"/> Advanced Lung Disease Consult
--------------------------------	---

Please send the following records (IF AVAILABLE) to:

ATTN: Brittany Surber  
FAX #: (405) 713-4634      PHONE #: 405-951-8523

***In order to schedule your patient ASAP please send the following records:***

- |  |  |
|--|--|
| <input type="checkbox"/> *PATIENT DEMOGRAPHICS   | <input type="checkbox"/> LABS (MOST RECENT)      |
| <input type="checkbox"/> *INSURANCE CARDS  | <input type="checkbox"/> CLINIC NOTES (1 YEAR)   |
| <input type="checkbox"/> *HISTORY & PHYSICAL   | <input type="checkbox"/> PULMONARY FUNCTION TEST |
| <input type="checkbox"/> CT CHEST (with CD/powershare if available)                              | <input type="checkbox"/> 6 MINUTE WALK           |
| <input type="checkbox"/> ECHOCARDIOGRAM (with CD/powershare)                                     | <input type="checkbox"/> VQ SCAN                 |
| <input type="checkbox"/> CHEST X-RAY   | <input type="checkbox"/> BONE DENSITY            |
| <input type="checkbox"/> LEFT AND/OR RIGHT HEART CATHETERIZATION (with CD/powershare AND report) |  |

\*Minimum required records before referral will be processed

*This fax transmission contains information from INTEGRIS Health that may be confidential or privileged. The information, including any attachments, is intended to be for the use of the individual or entity named above. If you are not the intended recipient be aware that any disclosure, copying, distributing or use of the contents of this information is prohibited. If you have received this fax transmission in error, please contact the sender by phone and destroy all copies of the original message.*