



**General Pulmonary, Interventional Pulmonary and Critical Care Services**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

**Primary Insurance Name:** \_\_\_\_\_ **Plan #** \_\_\_\_\_

Group # \_\_\_\_\_ **Effective date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Secondary Insurance Name:** \_\_\_\_\_ **Plan #** \_\_\_\_\_

Group # \_\_\_\_\_ **Effective date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

-----**Referring Physician Information**-----

**Ordering physician:** \_\_\_\_\_ **Physician Phone:** (\_\_\_\_) \_\_\_\_\_

**Physician Fax:** (\_\_\_\_) \_\_\_\_\_ **Office Contact:** \_\_\_\_\_

**Please Schedule:**    Urgent (**please call**)                  Within 1-2 weeks                  Within 1 Month

**Reason for Consult:** (Please note referral for consultation in patient's chart)

or **Please Schedule these Diagnostic Test(s):**    **Diagnosis:** \_\_\_\_\_    **Code:** \_\_\_\_\_

- Spirometry (simple)
  - with bronchodilator challenge
- Diffusion Capacity (DLCO)
- Static Lung Volumes
- Drug Toxicity Surveillance (spirometry + DLCO)
- Maximum Insp./Exp. Pressures
- Thoracentesis
- Diagnostic Bronchoscopy (Requires Consult)
- Endobronchial Ultrasound (EBUS) (Requires Consult)
- Thoracoscopy (Requires Consult)
- Tunneled pleural drain (Requires Consult)