

LUNG PROGRAM

STEP 2: REFERRAL PATIENT INFORMATION

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GENERAL FACSIMILE COVERSHEET

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

Date: _____/_____/_____

From: _____

Phone: _____

Comments: _____

Checklist:

- | | |
|---|---|
| <input type="checkbox"/> Patient's demographic form | <input type="checkbox"/> Recent CXR reports |
| <input type="checkbox"/> Copy of insurance cards (front and back) | <input type="checkbox"/> All Chest CT reports |
| <input type="checkbox"/> Recent history and physical | <input type="checkbox"/> Any cardiology testing |
| <input type="checkbox"/> Recent month's labs | <input type="checkbox"/> Sputum cultures and sensitivities (if available) |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Lung biopsy pathology report (if available) |
| <input type="checkbox"/> Last three PFT reports | <input type="checkbox"/> Hospital discharge summaries (if applicable) |

Confidentiality Notice: Confidential Health Information Enclosed

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