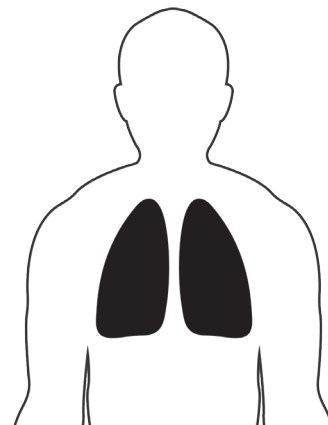


DATE OF REFERRAL:

MONTH DAY YEAR



LUNG REFERRAL FORM

Lung Transplant Pulmonary Hypertension Interventional Pulmonology

IF PATIENT'S DEMOGRAPHIC FORM IS NOT AVAILABLE, PLEASE FILL OUT THE BELOW INFORMATION:

Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____
(Street)
_____ *(City/State/Zip)*

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Male Female

Language: English Spanish Other: _____

Marital Status: _____

Primary Insurance: _____

Secondary Insurance: _____

Please notify Primary Care Physician (PCP) of this referral if this is mandated by the insurance company.

ADDITIONAL INFORMATION

REFERRING PHYSICIAN INFORMATION

Name: _____

Address: _____
(Street)
_____ *(City/State/Zip)*

Phone: _____ Fax: _____

Office Contact: _____

PATIENT INFORMATION:

Lung Disease: _____

If patient is a former smoker, how long has he/she been abstinent? _____

Height: _____ Weight: _____

Please fax the following information with this form:

- Patient's demographic form
- Copy of insurance cards (front and back)
- Recent history and physical
- Most recent labs
- Immunizations
- Last three PFT reports
- Recent CXR reports
- All Chest CT reports
- Sputum cultures and sensitivities (if available)
- Any cardiology testing
- Lung biopsy pathology report (if available)
- Hospital discharge summaries (if applicable)

Referral Hotline
210-567-5777 or 888-336-9633

Referral Fax
210-358-8254

Referral Address
University Transplant Center
4502 Medical Drive, MS 18
San Antonio, TX 78229



LUNG

3-STEP REFERRAL PROCESS

PHYSICIAN OFFICES

1 Complete the Transplant Center's "Referral Form" and submit by:

- **Fax**
210-358-8254
- **Internet**
www.UniversityTransplantCenter.com
- **Phone**
210-567-5777 or 1-888-336-9633
- **Mail**
4502 Medical Drive, MS 18
San Antonio, TX 78229

Make a photocopy (front and back) of the patient's insurance card. Please specify primary insurance if several cards are provided.

2 Fax or mail insurance information and the following patient information:

Attn: Transplant Center

- Patient's demographic form
- Copy of insurance cards (front and back)
- Recent history and physical
- Most recent labs
- Immunizations
- Last three PFT reports
- Recent CXR reports
- All Chest CT reports
- Sputum cultures and sensitivities (if available)
- Any cardiology testing
- Lung biopsy pathology report (if available)
- Hospital discharge summaries (if applicable)

3 Once the Transplant Center receives your referral, we will:

1. Contact your office within 48 business hours by phone and e-mail to confirm that we have received your referral.
2. Reconfirm that all appropriate patient information was received.
3. Notify you and your patient of the initial evaluation date.
4. Provide ongoing communication regarding your patient(s).
5. Be here to provide consistent customer service and support!

