

FAX REFERRAL REQUEST



Pulmonology

2335 E. Kashian Lane, Suite
280 Fresno, CA 93701
559.256.5130 Office
833.973.5831 Referral Fax
inspirehealth.org

All physicians treat general pulmonary diseases. **If patient needs to be seen ASAP, please choose first available,** or you may choose a specific physician based on your patient diagnosis.

Date: _____ Number of Pages: _____

☐ *First Available Physician*

☐ **Eyad Almasri, MD**
General Pulm & Post ICU care

☐ **Hila Azulay, MD**
*Pulmonary Hypertension
& Interstitial Lung Disease*

☐ **Matthew Beutner, MD**
*Pulmonary Hypertension
& Interstitial Lung Disease*

☐ **Kathryn Bilello, MD**
*Bronchiectasis &
Lung Cancer Screening*

☐ **Mohamed Fayed, MD**
*Bronchiectasis, Adv. Lung
Infections*

☐ **Anil Ghimire, MD**
COPD, Asthma

☐ **Evanpaul Gill, MD**
*Pulmonary Hypertension
& Interstitial Lung Disease*

☐ **Pankaj Mehta, MD**
General Pulm & Sleep Medicine

PFT TESTING ONLY

- ☐ Full PFT (Spiro pre/post,
lung volume DLCO)
- ☐ 6 min walk test
 - ☐ with O₂ titration
- ☐ Spirometry
 - ☐ with Bronchodilator
- ☐ Lung Volumes
- ☐ Other

Referring Physician: _____ Phone: _____

PCP (if different from referring): _____ Phone: _____

Patient Name: _____ DOB: _____

Consultation For: _____

Diagnosis: _____

REQUIRED PATIENT INFORMATION *****NOTE: All information is needed to schedule an appointment.

- ☐ Copy of Referral
- ☐ Copy of Insurance Card/Demo Sheet
- ☐ Last Chart Notes
- ☐ Lab Results
- ☐ X-ray/Ultrasound report
- ☐ Films requested from:

for delivery to:
Inspire Health Pulmonology
2335 E. Kashian Lane, Suite 280
Fresno, CA 93701

Special Instructions: _____

Contact person: _____ Title: _____

Phone: _____ Fax: _____

Thank you very much for referring your patient to our office!

Internal Use Only

Appointment Date: _____ Time: _____ Contact Person: _____