

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
- Zin Mar Htun, MD**
Pulmonology Critical Care
- Pankaj Mehta, MD**
General Pulm & Sleep Medicine
- Anant Shukla, MD**
General Pulm & Sleep Medicine

<p>PFT TESTING ONLY</p> <p><input type="checkbox"/> Full PFT (Spiro pre/post, lung volume DLCO)</p> <p><input type="checkbox"/> 6 min walk test</p> <p><input type="checkbox"/> with O² titration</p> <p><input type="checkbox"/> Spirometry</p> <p><input type="checkbox"/> with Bronchodilator</p> <p><input type="checkbox"/> Lung Volumes</p> <p><input type="checkbox"/> Other</p>

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: _____