FAX REFERRAL REQUEST

inspire HEALTH MEDICAL GROUP

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
- ☐ **Brandon Croft, MD**
  Pulmonology Critical Care
- ☐ **Mohamed Fayed, MD**
  Bronchiectasis, Adv. Lung Infections
- ☐ **Anil Ghimire, MD**
  COPD, Asthma
- ☐ **Muhammad Gul, MD**
  Pulmonology Critical Care
- ☐ **Zin Mar Htun, MD**
  Pulmonology Critical Care
- ☐ **Jaskiran Khosa, MD**
  Interventional Pulmonology
- ☐ **Pankaj Mehta, MD**
  General Pulm & Sleep Medicine
- ☐ **Anant Shukla, MD**
  General Pulm & Sleep Medicine

PFT TESTING ONLY

- ☐ Full PFT (Spiro pre/post, lung volume DLCO)
- ☐ 6 min walk test
  - ☐ with O^2 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: _____