

**EASY FAX PULMONARY REFERRAL
PULMONARY & CRITICAL CARE CONSULTANTS, INC.
WWW.PULMCARE.COM**

Centerville Office:
MVH – South Campus
2300 Miami Valley Dr. #370
Centerville, OH 45459
(P) 937-461-5815
(F) 937-461-2896

Dayton Office:
InterMed Building
1520 South Main Street #2
Dayton, OH 45409
(P) 937-461-5815
(F) 937-461-2896

Troy Office:
UVMC
3130 N Co Rd 25-A
Troy, OH 45373
(P) 937-461-5815
(F) 937-461-2896

Please fax completed request & reports listed below to expedite scheduling

Date _____

Patient _____ DOB _____

Address _____ Apt # _____ City _____ Zip _____

Insurance _____ ID# _____

(Please fax referral or authorization if required)

Home phone _____ Work phone _____ Cell phone _____

Requesting Dr. _____ Phone _____ Fax _____ Contact _____

Primary Care Dr. _____ Phone _____ Fax _____

First available/No preference

Steven L. Chambers, MD, FCCP _____

Jennifer K. Clune, MD _____

M. Mazen Dallal, MD, FCCP, D, ABSM _____

Thomas J. Donnelly, MD, FCCP _____

Dharmesh V. Gandhi, MD, FCCP, D, ABSM _____

Murthy V. Gollamudi, MD, FCCP, D, ABSM _____

Timothy R. Hauser, MD _____

Gabriel J. Hays, DO _____

Vincent W. Kang, DO _____

Matthew T. Koroscil, MD _____

Soumitra Sen, MD, FCCP _____

Emily Speelmon, MD, PhD _____

Reason for referral _____

(Please fax: PFT's, CXR's, CT chest, Echo, Stress, EKG, Labs, Last 3 office notes, & anything else useful)

We will contact your patient to schedule and notify your office

OFFICE USE ONLY

Scheduled with _____ Appt. Date/Time/Arrival _____

Previous Testing

CXR	_____	LOC	_____	Date called	_____
CT	_____	LOC	_____	Date called	_____
PET	_____	LOC	_____	Date called	_____
PFT:	_____	LOC	_____	Date called	_____
ECHO/STRESS:	_____	LOC	_____	Date called	_____
SLEEP TEST/CPAP/DME	_____	LOC	_____	Date called	_____

Collaborating Medical Groups

ENT/Gastro(GI): _____	Last seen: _____
Pulm/Allergist: _____	Last seen: _____
Cardiologist: _____	Last seen: _____

Medical History _____

Office Testing CXR PFT PFT P/P EX OX – RA / O2

Faxed _____ Mailed _____ Online _____ Copied _____ Initials _____