# INTEGRIS

## **LUNG REFERRAL**

#### Nazih Zuhdi Transplant Institute

**PHYSICIANS** 

Alan Betensley, M.D., Medical Co-Director of Lung Transplantation Mark Rolfe M.D., FCCP, Medical Co-Director of Lung Transplant Dr. John Kingrey, M.D., Medical Director, Pulmonary Hypertension

### PATIENT AND PCP INFORMATION

NAME

SSN DOB

**ADDRESS** 

HOME PHONE WORK PHONE

**CELL PHONE** 

**PCP NAME** 

PCP PHONE PCP FAX

**PCP ADDRESS** 

#### REFERRAL INFORMATION

DATE/TIME REFERRING PHYSICIAN

OFFICE CONTACT ADDRESS

PHONE FAX EMAIL

REFERRING DIAGNOSIS

#### I AM REFERRING MY PATIENT FOR

Lung Transplant Consult

Pulomonary Hypertension Consult Advanced

Pulmonary Management Consult

Adult Cystic Fibrosis

Pulmonary Fibrosis

Sarcoidosis

Scleroderma

Other Lung Disorders

For an Appointment, Please Send Referral To:

Fax: 405-552-0450 Phone: 405-951-8191

3300 NW Expressway, Oklahoma City, OK 73112

# IF AVAILABLE PLEASE INCLUDE THESE MOST RECENT RECORDS

- Insurance Cards
- Patient Demographics
- Clinic Notes (Past years)
- History and Physical
- Labs
- Heart Cath Report and CD
- ECHO
- Chest CT Report and CD
- Pulmonary Function Test
- Chest X-Ray

Please check the location you prefer your patient to be seen:

OKLAHOMA CITY LOCATION - 3300 NW Expressway, OKC, OK 73112 TULSA LOCATION - 6130 S. Maplewood, Ste. E, Tulsa, OK 74136