



The Pulmonary Specialty Clinic has established the following standardized criteria for referrals. To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form **prior** to requesting the referral.

IMPORTANT: We do not accept minors under the age of 18. If patient has a Chest CT from an outside clinic, we must have the CD disc.

ALL REFERRALS MUST INCLUDE:

- Progress Notes
- Labs
- CXR (if patient is scheduled from an outside clinic, we must have the CD disc)
- Pulmonary Function Test; if available
- EKG or Echocardiogram report; if available
- Referral must state the specific problem to be addressed (i.e. asthma, pulmonary hypertension, etc.)

REFERRALS FOR ASTHMA OR COPD PATIENTS MUST INCLUDE:

- Pre and post spirometry testing

REFERRALS FOR SLEEP APNEA MUST INCLUDE:

- Split night sleep study