Pulmonology Referral Request

CHOC Scheduling 888.770.2462 Fax: 855.246.2329

Please Indicate Physician Group - Required

☐ **CHOC Specialists**

Pornchai Tirakitsoontorn, M.D.
Susan Gage, M.D.
Sunil Kamath, M.D.
Neal Nakra, M.D.
Chana Chin, M.D.
Hanna Hong, M.D.

☐ **UCI**

Dan Cooper, M.D.

Patient Information

Does the patient live with someone other than the legal guardian? ☐ No ☐ Yes, relationship________________

Patient Name: ______________________________ Date of Birth: ________ / _______ / _________

Parent/Guardian: ______________________________ Parent Phone: ______________________________

1. Is this an **emergent** Pulmonary referral? · No · Yes **If yes, requires a phone call from an MD /PA /NP with clinical information to 714.509.4013**

2. Please describe the patient's chief complaint and include onset and frequency:

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Please select diagnosis or clinic:

☐ **General Pulmonary**	Including but not limited to: chronic lung disease, interstitial lung disease, chronic cough, recurrent pneumonia, immunology disorders	
☐ **Asthma.**	☐ **Sleep Apnea/Disorders**	☐ **Cystic Fibrosis**
☐ **Primary Ciliary Dyskinesia**	☐ **Nasal Nitric Oxide clinic**	

To expedite appointment scheduling, please provide the following by FAX 855-246-2329:

- ☐ **This completed form, patient demographics and insurance card copy**
- ☐ **Medical records related to the chief complaint.**
- ☐ **Pertinent laboratory results from last year including respiratory cultures, pulmonary function, allergy testing/immune testing, chest-ray, and CT chest if applicable. See referral guidelines for details.**
  http://specialists.chocchildrens.org/referrals
- ☐ **Authorization CPT code 99245 Consult, and if >5yr add CPT 94375 Flow Volume loop**
  ****Patients with government plans require an additional CPT code Z7500**

Referring Provider Name: ____________________________ **Phone:** ______________ **Fax:**____________

Provider Address:________________________________ **City:** ________________ **Zip:** ____________

Provider Signature: ______________________________ **Date:** _____________ **Time:** __________

Updated on 8/17/2022