AdventHealth Transplant Institute
2415 North Orange Avenue, Suite 700 | Orlando, FL 32804
407-303-2474 | 407-303-0894 FAX | AdventHealth.com

Lung Program Referral FAX and Cover Sheet/Checklist

Please fill out form completely and send medical records by FAX to the AdventHealth Transplant Institute.

DATE: _____

To: Transplant Institute Intake Coordinator FAX: 407-303-0894

FROM: _____

Practice Name: _____ Referring Physician: _____

Contact: _____ Phone #: _____

Address: _____ FAX #: _____

PATIENT INFORMATION

Name: _____ Reason for Referral/DX#: _____

DOB: _____

SS#: _____

Please include the following items with the patient referral:

- ☐ Demographics and insurance information
- ☐ H&P/progress notes within the last year
- ☐ Recent chest X-ray and CT chest (reports and imaging)
- ☐ Sputum cultures with susceptibilities, all done within the last 2 years
- ☐ PFTs done within the last 2 years
- ☐ ABG/VBGs done within the last year
- ☐ Recent 6MW/oxygen titration study
- ☐ Recent HLA/PRA testing (if applicable)
- ☐ Recent labs done within the last 6 months to include CBC, CMP and any other disease-specific testing if done
- ☐ Heart cath and echo (reports and imaging)
- ☐ Any other pertinent information is appreciated

If any medical record is available, please indicate on this form.

Mail imaging CDs to: AdventHealth Transplant Institute, Attention Lung Transplant Program, 2415 North Orange Avenue, Suite 700, Orlando, FL 32804

21-TRANSPLA-03024