

Advanced Lung Disease Program Referral

Please attach the documentation listed below and fax to Norton Thoracic Institute at 602.200.1416

Records should be within 3-6 months of the referral date, unless otherwise specified.

Completed By/Phone-Fax #s _____

Referring MD _____

Referral Date _____

Patient Name _____

DOB _____

Diagnosis _____

Requested Documentation

- | | |
|---|--|
| <input type="checkbox"/> Practice Contact Information | <input type="checkbox"/> Pathology Reports (if applicable) |
| <input type="checkbox"/> Demographic Information | <input type="checkbox"/> Echocardiogram Report (if applicable) |
| <input type="checkbox"/> Insurance Card (front/back) | <input type="checkbox"/> Laboratory Reports |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Arterial Blood Gas (if applicable) |
| <input type="checkbox"/> CT Chest (include CD) | |
| <input type="checkbox"/> Pulmonary Function Testing | |

Advanced Lung Disease Program at Norton Thoracic Institute

500 W. Thomas Rd., Suite 500, Phoenix, AZ 85013

For information regarding the Advanced Lung Disease Program at St. Joseph's Hospital and Medical Center, call 602.406.4000.

Norton Thoracic Institute areas of Expertise:

Allergic Bronchopulmonary Aspergillosis

Alpha-1 Antitrypsin Deficiency

Autoimmune Lung Disease

Bronchiectasis

Bronchiolitis Obliterans

Chronic Obstructive Pulmonary Disease

Cystic Fibrosis

Emphysema

Hypersensitivity Pneumonitis

Idiopathic Pulmonary Fibrosis

Interstitial Lung Disease

Lymphangioleiomyomatosis

Mycobacterium infections

Pulmonary Hypertension