

Lung Transplant Program Referral

Please attach the documentation listed below and fax to LUNG TRANSPLANT at 602.798.0463

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

Patients must be nicotine abstinent for a period of 6 months prior to referral.

Completed By/Phone-Fax #s _____

Referring MD _____

Referral Date _____

Patient Name _____

DOB _____

Diagnosis _____

Minimum Required Documentation

- | | |
|---|---|
| <input type="checkbox"/> Practice Contact Information | <input type="checkbox"/> ABG |
| <input type="checkbox"/> Demographic Information | <input type="checkbox"/> PFTs |
| <input type="checkbox"/> Insurance Card (front/back) | <input type="checkbox"/> 6 Minute Walk |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> CT Chest w/o Contrast/Hi Res |
| <input type="checkbox"/> Chest X-Ray | (include CD) |

For AHCCCS/Arizona Medicaid Members

Required documentation needed to secure Transplant Consultation approval- please send results with referral

- History & Physical - MUST be within 90 days and include:
 - Ht/Wt
 - Social history
 - Any past/present tobacco, alcohol, drugs use
 - General information regarding support system
- PFTs
- HIV screening
- HgbA1C, if diabetic (within 90days)
- Nicotine/Cotinine level

Lung Transplant Program at Norton Thoracic Institute

500 W. Thomas Road, Suite 300
Phoenix, AZ 85013

For information regarding the Lung Transplant Program at St. Joseph's Hospital and Medical Center, call 602.406.4508.

Thank you for allowing our team to participate in the care of your patients.