



# Dignity Health Norton Thoracic Institute

## Lung Transplant Program Referral

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

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

### Lung Transplant Program at Norton Thoracic Institute

500 West Thomas Road, Suite 500 Phoenix, AZ 85013

*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

- Practice Contact Information
- Demographic Information
- Insurance Card (front/back)
- History & Physical
- Chest X-Ray
- ABG
- PFTs
- Cardiopulmonary Stress Test (6MW)
- CT Chest w/o Contrast/Hi Res (include CD)

#### For AHCCCS/Arizona Medicaid Members

*Required documentation needed to secure Transplant Consultation approval*

- 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

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.