

Contact for Questions or aAssistance

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Lung Transplant Referral Form

Thank you for your interest in the UNC Lung Transplant Program. Please send as much of the below information using this as your cover page.

- Patient Demographic Information
 - Full Legal Name, Complete Address, Phone Number, Date of Birth
- Insurance information with copy of insurance card to expedite insurance clearance
- PFT tests, up to the last three months if possible
- History and Physical
- All Available Radiology Reports
 - Indicate if sent through Power Nuance or hard copy with patient on CD
- Sputum culture and sensitivity report (if applicable)
- Reports of any additional chest studies (Cardiac Catheterization, Echo, etc.)
- Any history of cancers, immune disorders, or conditions that can affect candidacy

Referring Provider Name: _____

Address: _____

Contact Number: _____ **Fax Number:** _____

Pages including cover: _____

Thank you for your interest in our Lung Transplant Program,
Medical Co-Directors Jason Lobo, MD and Raymond Coakley, MD