Pulmonary/Sleep Referral Form

1 Richland Medical Park Dr. • Suite 300 • Columbia, SC 29203

Type of Referral: ☐ Urgent (Please call office) ☐ Emergent (within 2 weeks) ☐ Routine (2-6 wks)
Request Specialist: ☐ any ☐ Hucks ☐ Newsome ☐ Smith ☐ Williams ☐ Arya ☐ Gripaldo ☐ Loper

Circle reason for visit:		Please send if available:
☐ Dyspnea (SOB)	☐ Interstitial lung disease	☐ List of current medications
☐ COPD	☐ Sarcoidosis	☐ Last office note
☐ Pre-op evaluation	☐ Chronic cough	☐ Demographics and referral order
☐ Asthma	☐ Lung Nodule (send w/ ∞)	☐ Copy of insurance card and license (front and back)
☐ Pleural effusion	☐ Lung Mass (>3cm)(send w/ ∞)	
☐ Hemoptysis	☐ Lung Cancer Screening	Please send items below if done outside the Palmetto Health System:
☐ Post-tracheostomy care		☐ PFT's
☐ Lymphadenopathy		☐ Chest X-rays &/or CT Scans ∞
☐ Pulmonary Hypertension (send items with *)		☐ Echocardiogram *
☐ Sleep Disorder (send items with ŧ)		☐ Cardiac catheterization *
☐ Airway Disease (i.e. stenosis / malacia / polyps / lesions)		☐ V/Q Scan *
☐ Other (list) :		☐ Labs *
		☐ Sleep Study (if already done) * ŧ

REFERRING MD:____

PRACTICE NAME:__________________________ ADDRESS: ____

REF MD FAX (______) - ________________ REF CONTACT NAME: ______________________________________

REF PHONE :(______) - _________________EXT:_________ MD NPI____

PATIENT NAME:____
Last First Middle

ADDRESS: ____
City State Zip

PHONE #: (___) ________________WORK #: (___) ________________ CELL #: (____) _____________

SSN: _______________________ GENDER: _______ DOB: _______________

INSURANCE: SEND COPY OF INSURANCE CARD(S) FRONT AND BACK W/REFERRAL:

SELF PAY: ______ (**Will be required to pay according to self pay plan**)
PRIMARY COMPANY NAME: ____
POLICY ID #: ____
MAILING ADDRESS: ____
PHONE#: (___) __________________________SUBSCRIBER NAME: ____________________
SUBSCRIBER DOB: _________RELATIONSHIP TO PATIENT: _________EFFECTIVE DATE: _______
PRIOR AUTHORIZATION #: ____

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Thank you for referring your patient to USC. We cannot give patient appointments until the above information is received. For scheduling questions, call 803-454-2696. Please fax this request and records to 803-799-5890.

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