# Pulmonary/Sleep Consultation Request Form

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

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

| 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 |
| □ Asthma | □ Lung Nodule (send w/ ∞ ) | □ Copy of Insurance card and License (front and back) |
| □ Pleural effusion | □ Lung Mass (>3cm)(send w/ ∞) | Please send items below if done outside the Palmetto Health System: |
| □ Hemoptysis | □ Lung Cancer Screening | □ PFT's |
| □ Post-tracheostomy care | | □ Chest X-rays &/or CT Scans ∞ |
| □ Lymphadenopathy | | □ Echocardiogram * |
| □ Pulmonary Hypertension (send items with *) | | □ Cardiac catheterization * |
| □ Sleep Disorder (send items with ŧ) | | □ V/Q Scan * |
| □ Airway Disease (i.e. stenosis / malacia / polyps / lesions) | | □ Labs * |
| □ Other (list) : | | □ 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: _____ MARITAL STATUS: _____ 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 #: _____

**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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