Memorial Hermann Texas Medical Center
Lung Transplant & Pulmonary Referral Form

Date: _____

If patient's demographic form is not available, please fill out the following information:

Name: _____ Date of Birth: _____ ☐ Male ☐ Female

Address: _____ State: _____ Zip Code: _____

Primary Phone #: _____ Secondary Phone #: _____

Language Preference: ☐ English ☐ Spanish ☐ Other: _____

Email: _____

Primary Insurance: _____ Secondary Insurance: _____

Referring Provider Information:

Referring Physician: _____

Office Contact: _____ Office Phone #: _____ Office Fax #: _____

Reason for Referral / Diagnosis: _____

☐ I, referring provider, attest that I have discussed this referral with the patient, and the patient has provided consent to the sharing of their demographic and contact information with Memorial Hermann or its affiliated providers for the purposes related to this referral, including: (1) telephone calls and text messages regarding health care, including but not limited to scheduling, reminders, and medication refills; (2) email or mail communications regarding health care, including but not limited to scheduling, reminders, and medication referrals; and (3) other information regarding my health care, billing and health related services and benefits. I have instructed the patient if they wish to revoke this consent, they may contact Memorial Hermann at 713-222-CARE (2273) or opt out directly after receipt of communication.

_____	_____	_____	_____	_____ ☐ AM ☐ PM	_____
Provider Signature	**Print Name**	**NPI/MHHS ID.**	**Date**	**Time**	**Contact No.**

The patient will be contacted within 48 business hours to confirm that we have received your referral.

Please fax the completed form to 713.704.0984. Include copy of Insurance cards and medical records.

- Office visit/Clinic Note
- Pulmonary Function Test (PFT), 6 minute walk, Spirometry
- Bronchoscopy report & biopsy
- Heart Catheterization (LHC/RHC/PCI) report
- ECHO/ TTE/ TEE (echocardiogram) report
- Chest imaging reports (CT/CTA/X-ray/Cardiac MRI/Cardiac PET/Lung VQ scan)
- Stress Test/Nuclear stress/Exercise stress/Myocardial perfusion imaging/PET stress
- Sleep study
- Labs
- Vaccination list
- Records from any pulmonary related hospitalizations, if available

Our Clinic: Memorial Hermann–Texas Medical Center, 6400 Fannin Street Suite 2500, Houston, Texas 77030
Referral Phone # 713.704.5352
Referral Fax # 713.704.0984 Referral Email: ACTAT@memorialhermann.org

MEMORIAL HERMANN
Texas Medical Center

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