

# Pulmonology Referral Letter

Date:

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Referring Physician:

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Pulmonologist Name / Clinic:

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Patient Information:

Name:

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Age:

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Sex:

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Contact:

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Reason for Referral:

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Brief History & Findings:

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Relevant Investigation Results:

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Current Medications:

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**Other Comments / Notes:**

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**Referring Physician's Signature:**

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