

Lung Transplant Referral Form

Thank you for referring your patient to the UNC Center for Transplant Care. To make this process easier, we have included a checklist of the information we need to start an evaluation on your patient.

- Demographics: patient's full name, DOB, address and current contact information
- Insurance information (copy of insurance cards)
- PFT's within 3 months if possible (or most recent)
- Recent history and physical/clinic notes, lab results, height and weight
- Radiology/imaging reports, including CT scan (please have patient bring hard copy to initial appt), CXR, bone density etc
- Sputum culture and sensitivity reports if available
- Any other chest imaging/testing (cardiac catheterization, echo etc)
- Results of any consultations within the last 12-18 months
- Any additional important medical information that would pertain to transplant candidacy (vaccination record, history of cancers, immune disorders etc.)

When the patient is seen by the transplant pulmonologist for evaluation he or she may be asked to schedule local appointments for cancer screenings, including mammogram, colonoscopy, and dental clearance with reports faxed ere to the UNC Lung Transplant Office.

Contact Information:

UNC Lung Transplant Program
101 Manning Drive
Chapel Hill, NC 27514
Phone: 984-974-7589
FAX: 984-974-6822

Referring Provider Contact information:

Name: _____
Practice: _____
Phone: _____
Fax: _____