PMD Pulmonary Medicine OF DAYTON

FAX REFERRAL FORM

FAX FORM TO: (937) 741-8366

Today's Date: _____

Please Schedule an Appointment:

❒ **Urgent (Call 937-439-3600)** ❒ First Available Pulmonary ❒ First Available Sleep Physician**

❒ Rami AlAshram, MD ❒ Fuad Hajjar, MD ❒ Salman Razi, MD
❒ Median Ali, MD** ❒ Vikas Jain, MD ❒ Hemant Shah, MD**
❒ Ravi Desai, MD ❒ Aamir Malik, MD** ❒ Ryan Stuart, MD

❒ PFT only ❒ Pre-op Clearance

Please Print Legibly

Referred By: _____ Phone: _____

Your Fax: _____ Office Contact Name: _____

Reason for Referral: _____

Patient's Name: _____ DOB: _____

Patient's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Patient's Insurance: _____ ❒ Referral Required?

Last 4 digits of Patient's Social Security Number XXX-XX- _____

PLEASE FAX along with the REFERRAL all relevant medical records – including labs, radiology reports, medication list, demographics, and insurance information to **937-741-8366.**

PLEASE REQUEST the patient to obtain a disk of their radiology images to bring with them to their consultation.

REQUESTED INFORMATION IS REQUIRED PRIOR TO SCHEDULING YOUR PATIENT.

Scheduled Appointment:

Date: _____ **Time:** _____ **Doctor:** _____ ❒ **Kettering** ❒ **Miamisburg**