



Inland Empire Lung & Sleep Institute

Referring Provider Information

Provider Name		Date	
Clinic / Hospital		Phone	
Fax		Email	

Patient Information

Patient Name		DOB	
Phone		Insurance	
Address			

Referral Details

Reason for Referral	
Diagnosis (if known)	
Urgency	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> STAT

Requested Specialty

<input type="checkbox"/> Pulmonary Medicine	<input type="checkbox"/> Sleep Medicine	<input type="checkbox"/> Critical Care
<input type="checkbox"/> Pulmonary Hypertension	<input type="checkbox"/> COPD / Asthma	<input type="checkbox"/> Lung Disease

Clinical Notes / Additional Information

Provider Signature		Date	
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Contact: +1 (840) 258-0972

Email: contact@ielung.com

Address: 12047 4th Street, Yucaipa, CA 923