



**Pulmonary Critical Care and Sleep Medicine Referral**

1329 Lusitana Street Suite 704

Phone: 808-691-8725

Fax: 808-691-8716

**REASON FOR REFERRAL:**

- General Pulmonary (COPD, Asthma, SOB, cough, etc.)
- Pulmonary Nodule/Mass/Bronchiectasis
- Sleep Problem

**Patient will be assigned to the appropriate MD expertise pertaining to the referral**

ROGER YIM, M.D.	KELLY FURUYA, APRN
RENEE NELSON, M.D.	
JAMES YANG, M.D.	
BRADLEY TOKESHI, M.D.	

→ Send corresponding documentation to support your reason for the referral

→ **INCOMPLETE REFERRALS** will be returned to referring physician office if appropriate medical records are not received. **Records will be destroyed within 2 months if no response from the referring physician and another referral will need to be sent.**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  MALE  FEMALE

**Best Contact Number:** \_\_\_\_\_ **Insurance:** \_\_\_\_\_

**Interpreter Required for this patient:**  YES  NO **Language:** \_\_\_\_\_

**Referring Diagnosis:** \_\_\_\_\_

**Referring Provider Name:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Please attach the following records to referral as appropriate to referred diagnosis:**

Demographics	Sleep Studies
Insurance Card(s)/Authorization	Sleep Compliance Reports from DME
Most Recent Progress Notes	MD notes who ordered sleep study
Chest X-Ray/CT Images and reports	Complete Pulmonary Function Test
PET scan Images and reports	
Previous Pulmonologist Notes	

**Comments:**