KEY MD NEWPORT BEACH

PULMONARY & SLEEP REFERRAL

Dr. Kashif Yaqub | Pulmonary Medicine

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TO SCHEDULE CALL: (949) 678-8885 **SECURE SCHEDULING FAX: (949) 335-9820**

PATIENT INFORMATION

Patient Name: _____ Today's Date: _____

Date of Birth: _____ Primary Ins: _____

Primary Phone #: _____ Insurance ID #: _____

Address: _____ Secondary Ins: _____

_____ Insurance ID #: _____

Diagnosis / Reason for referral: _____

REQUESTED SERVICE

☐ **PULMONARY EVALUATION**

- Complete Pulmonary Function Testing (PFTs)
- Chronic Dyspnea / Shortness of Breath Assessment
- Refractory Cough Assessment
- Oxygen Validation & Compliance Tracking

☐ **SLEEP EVALUATION**

- Diagnostic Home Sleep Testing (HST) Loop Deployment
- Cardiorespiratory Crossover Mapping
- Sleep Apnea & Nocturnal Hypoxemia Validation
- Resistant Hypertension Evaluation

☐ **PULMONARY CLEARANCE**

- Pre-Operative Pulmonary Risk assessment and clearance
- Evaluation prior surgery: Bariatric, ENT/airway, ortho, and elective surgical procedures
- Pre-Anesthesia Respiratory Safety Mapping

RECORDS TO SEND

☐ Recent office notes ☐ Medication List ☐ Relevant Labs ☐ Imaging Reports

☐ Prior PFT results ☐ Sleep study results ☐ Cardiology if relevant ☐ Other: _____

Request / Instructions: _____

_____

REFERRING PROVIDER INFORMATION

Provider Name: _____ Practice / Group Name: _____

NPI #: _____ Coordinator Name: _____

Provider Signature: _____ Coordinator Phone: _____

Fax / Email: _____

Please fax this form with patient and insurance information and all relevant clinical records to (949) 335-9820.
For scheduling questions please call KEY MD Newport Beach at (949) 678-8885.