

**Lung Transplant Program Referral Form  
UF Health Shands Transplant Center**

1600 SW Archer Road PO Box 100223 Gainesville, FL 32610-0223  
Direct Office Line: (352) 265-8940 Fax: (352) 265-8970  
<https://ufhealth.org/transplant-center/lung>

**NOTE**

**To avoid delay, it is very important that you fax the following records with this referral:**

- H&P and discharge summary (most recent); diagnostic reports such as: PFTs, CT scan, heart cath, CXR
- Reports, if applicable: \*Left Heart Cath, sputum cultures, op notes/pathology (lung biopsy)
- Office notes, current labs, list of current medications
- Copy of insurance card(s)

*\*If patient meets criteria to come to our lung transplant clinic, you will be asked to provide us with a copy of the CT scan on CD.*

Date: \_\_\_\_\_ Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ County: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell or Alternate #: \_\_\_\_\_ Email: \_\_\_\_\_

Diagnosis:  COPD  ILD  CF  Other: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BMI: \_\_\_\_\_

Smoking History: \_\_\_\_\_ years x \_\_\_\_\_ PPD Quit:  Yes  No Date last smoked: \_\_\_\_\_

O<sub>2</sub> use: \_\_\_\_\_ LPM @ rest / night / exertion

Referring MD: \_\_\_\_\_ Group Practice: \_\_\_\_\_

MD UPIN: \_\_\_\_\_ NPI#: \_\_\_\_\_ Medical License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Number/Ext.: \_\_\_\_\_

Office Email Address: \_\_\_\_\_

Insurance Carrier #1: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policyholder:  Patient  Other (Name): \_\_\_\_\_  Medicaid  Medicare

Insurance Carrier #2: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policyholder:  Patient  Other (Name): \_\_\_\_\_  Medicaid  Medicare

If you have any questions or there is a problem with the transmittal of this fax, please call (352) 265-8940 and ask for one of the Transplant Assistants.