

## PULMONOLOGY REFERRALS

Thank you for choosing St. Peter's Health Medical Group Pulmonology. We look forward to partnering with you. Completing and submitting this referral sheet will help us provide the highest quality patient care. Please attach demographic information to this form and **fax all information to us at 406-495-6851.**

Please let us know the reason for your referral:     Urgent     Routine

---

---

### We request the following supporting documents, if they exist:

- |   |  |
|---|--|
| <input type="checkbox"/> Chest CT(s) or Chest X-ray(s) done outside of St. Peter's Health (images in hardcopy disk or pushed to our system) | <input type="checkbox"/> Spirometry report                                     |
| <input type="checkbox"/> Sleep study report   | <input type="checkbox"/> Echocardiogram  |
| <input type="checkbox"/> Pulse oximetry report  | <input type="checkbox"/> Cardiac Stress Test                                   |
| <input type="checkbox"/> Pulmonary Function Test report (PFT)   | <input type="checkbox"/> Relevant lab results: CBC, CMP, Immunoglobulins, ABGs |
|   | <input type="checkbox"/> Recent notes  |

Please push all images to PACs at St. Peter's Health or mail hard copy disk. Our providers will review all documents and imaging once received and your patient will be called to schedule.

Thank you again for choosing St. Peter's Health!

Best Regards,  
St. Peter's Health Pulmonology