

COPD & Pulmonary Clinic

Anschutz Outpatient Pavilion • 7th Floor • OP-7217 • 1635 N. Ursula St. Mailstop F-747 • Aurora, CO 80045



UNIVERSITY OF COLORADO
HOSPITAL

PLEASE FAX TO PRISCILLA at 720-848-0756

REFERRAL (please print):

Name _____

Phone _____ Second Phone/Cell _____

Reason for referral (check all that apply):

- 1. Management of COPD
- 2. Evaluation for Lung Volume Reduction Surgery
- 3. Evaluation for Lung Transplant
- 4. Evaluation for possible enrollment in the Integrated eHealth Program
Patient approval signature for follow-up contact is needed for Integrated eHealth Program.

_____ Date _____
Patient Approval Signature

Referring Physician Name (please print):

Physician Office Telephone Number

_____ Fax # _____ Email _____

_____ Date _____

Referring Physician Signature

PLEASE FAX TO PRISCILLA @ 720-848-0756 If you have any questions, please call *Sub-Specialties* at 720-848-0748.