



St Paul's Hospital
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Vancouver, BC, V6Z 1Y6

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Fax: 604 806 8839
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St. Paul's Hospital COPD CLINIC – REFERRAL FORM

Patient Name: _____	Referring M.D. _____
Address: _____ _____	Address: _____ _____
Date of Birth: _____	Telephone: _____
PHN: _____	Fax: _____
Telephone: (home) _____ (work) _____	

Reason for Referral: _____

Related Medical/Surgical Problems: _____

Medications: _____

Relevant Laboratory Data: _____

Date: _____ Physician's Signature: _____

APPOINTMENTS: 604-806-8818 FAX: 604-806-8839

Affiliated with Providence Health Care and the University of British Columbia

Tony R. Bai, MD
Lindsay M. Lawson, MD

Robert D. Levy, MD
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