



Thank you for your referral to the Pacific Lung Clinic.

In an effort to improve communication between our clinic and your office, we use an "acknowledgement of referral" process.

For future referrals please use the attached referral form that includes a "fax back" acknowledgement for receipt of the referral.

The Pacific Lung Clinic will fax back to you the acknowledgement of receipt of your referral within 3 days of receiving it.

Please note that we currently have an approximately 6 month wait list for routine referrals. If you consider your patient urgent, contact the Respiriologist on call through the St. Paul's Hospital operator at (604) 682-2344.

If you have any clinical questions regarding the referral please contact us at the

Pacific Lung Clinic
St. Paul's Hospital
8B Providence building
1081 Burrard Street
Vancouver, B.C.
V6Z 1Y6

Phone: (604) 806-8818 ext. 3

Fax: (604) 806-8247



St. Paul's Hospital
8B Providence building
1081 Burrard Street
Vancouver, B.C. V6Z 1Y6

Telephone: (604) 806-8818
Fax: (604) 806-8247
Web: www.pacificlung.com

Referral to the PACIFIC LUNG CLINIC

Patient Name: _____	Referring Physician: _____
Address: _____	Telephone: _____
_____	Fax: _____
Date of Birth: _____	
PHN: _____	*If respirologist contacted, please provide name
Telephone: (home) _____	_____
(work) _____	

Reason for referral: _____

Related Medical/Surgical Problems: _____

Medications: _____

Relevant Laboratory Data: _____

Date: _____ Physician's signature: _____

APPOINTMENTS: (604) 806-8818 ext. 3 FAX: (604) 806-8247

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ACKNOWLEDGEMENT OF RECEIPT OF YOUR REFERRAL
TO THE PACIFIC LUNG CLINIC

Date received: _____

Our clinic will make the appointment for your patient and we will fax you the appointment date and time. Please notify your patient of the appointment details.