



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.ca

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

✓ **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.