

Patient Name:

Date Of Birth:

Phone #:

Address:

Referring Physician:

Referring Physician's Contact #:

Referring Physician Fax #:



PAR

PULMONARY

Associates of Richmond
Lung and Sleep Specialists

Reason For Referral



LUNG REFERRAL:

- Asthma
- COPD
- Interstitial Lung Disease
- Occupational Lung Disease
- Chronic Cough
- Sarcoidosis
- Bronchiectasis
- Pleural Effusion
- Pulmonary Hypertension
- Pneumonia
- Alpha 1-Antitrypsin
- Other _____



SLEEP REFERRAL:

- Excessive Daytime Sleepiness
- Choking/Gasping In Sleep
- Morning Headaches
- Obesity
- Snoring
- Other _____



TESTS REQUESTED:

(PLEASE ATTACH SIGNED ORDER)

- Complete PFT's
- Six Minute Walk
- Other _____

Number To Fax Results Back To _____

Preferred PAR Location:



NORTH CHESTERFIELD
Pulmonary Clinic | Sleep Center
1000 Boulders Parkway
#200, Sleep #101
North Chesterfield, VA 23225



MIDLOTHIAN
Pulmonary Clinic
13551 Waterford Place
Midlothian, VA 23112



MECHANICSVILLE
Pulmonary Clinic
7486 Right Flank Rd #100
Mechanicsville, VA 23116



WEST BROAD
Pulmonary Clinic | Sleep Center
6600 West Broad Street, #300
Richmond, VA 23230



MIDLOTHIAN
Sleep Center
13551 Waterford Place
Midlothian, VA 23112



COLONIAL HEIGHTS
Pulmonary | Sleep
2025 Waterside Road
Prince George, VA 23875



WWW.PARACCESS.COM | (804) 320-4243

Referrals can also be faxed with the patient demographic information sheet to 804-591-3191.