

Lung Transplant Referral Form

UCLA Lung Transplant Program
1145 Gayley Ave, Suite 301
Los Angeles, CA 90024
Ph: 310.825.6068
Fax: 310.267.6961

UCLA Health

Date _____

Patient Name _____
(Last, First)

Date of Birth ____/____/____ Primary Language (if not English) _____

Diagnosis _____
(i.e. COPD, IPF, pulmonary HTN, etc.)

Referring Physician _____

Email _____ Cell _____

Office Contact _____ Phone _____ Fax _____

Notes/Comments:

Please include the following information:

- Face sheet and copy of insurance card(s)
- H&P and/or progress notes (most recent)
- PFT
- Chest CT report
- Basic labs (CBC and CMP)
- TTE report (if done)
- Lung biopsy pathology report (if done)
- Cardiac catheterization report (if done)

For inpatient transfer requests, please call the page operator (310-825-6301) and ask for the lung transplant / advanced lung disease attending on call.

If you have any questions, please contact our pre-lung transplant coordinators:

Amy Chang, RN – 310.267.0823

Jay Onga, RN – 310.267.8294