

Thoracic Oncology and Pulmonary Endoscopy Request (procedure)

Please complete patient information below, or attach patient demographic information before faxing.

Patient's Name: Last _____ **First** _____ **MI** _____

DOB: _____ MR #: _____

Address: _____ City, ST: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Referring Provider: _____ Office Phone: _____

Contact Name: _____ Office Fax: _____

Address: _____

Reason for Consult

- Lung Nodule
- Lung Mass
- Pleural Effusion

CT Scan to be provided*

- In eD-H
- Sent
 - ◆ *FedEx tracking # _____
 - ◆ *UPS tracking # _____

Anesthesia Requested

- IV Conscious Sedation
- General Anesthesia

Procedure Requested

- EBUS (Endobronchial Ultrasound)
- Bronchoscopy
- Bronchoscopy w/ ND: Yag Laser & GA
- Thoracentesis

Specific Provider Requested?

- Dr. Peter DeLong
- Dr. Lisa Tilluckdharry

Medications**

- Anticoagulation Drug (Coumadin, Plavix, or Aspirin) needs to be stopped 5-7 days prior to procedure

****Prescribing physician should determine whether it is safe to hold anticoagulants and antiplatelets BEFORE this procedure.**

Referring Provider Signature: _____ Date: _____