El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY

2500 Grant Road, Mountain View, CA 94040-4378
815 Pollard Road, Los Gatos, CA 95032

Interventional Pulmonary Services
2500 Grant Road
Mountain View, CA 94040
Ph: 650-940-7301
Fax: 650-966-9228

Lung Nodule Program Referral Request Form

*Items with * are required for processing* *Fax to 650-966-9228*

Patient Information

If the medical record's Cover Sheet is included, the patient information can be left blank
Name (*First, Middle, Last*)
Date of Birth
Sex: ☐ Male ☐ Female ☐ Binary/Unknown
Phone No.
Address
Interpreter Needed? Yes ☐ No ☐

Reason for Referral

Priority: Routine ☐ **Medically Urgent** ☐
If Medically Urgent, please describe
☐ Lung Nodule Counseling ☐ Tobacco Cessation Counseling
Secondary Contact No.
City State Zip Code
Preferred Language

Diagnostic Code

Lung Nodule	☐ R91.8 Nonspecific abnormal finding of lung field
	☐ R91.1 Solitary Pulmonary Nodule
Lung Cancer Screening (no nodules)	☐ Z87.891 Personal history of tobacco use/nicotine dependence
	☐ Z12.2 Screening for lung cancer
Tobacco Dependence	☐ F17.200 Nicotine dependence, unspecified
	☐ F17.220 Nicotine dependence, chewing tobacco
	☐ F17.290 Nicotine dependence, other tobacco product

Referring Provider Information

Referring Provider Name		PCP Name
Practice Name		
Office Address		City
State	Zip Code	NPI Number
Phone		Fax
Provider Specialty		

Documentation Requested

☐ Relevant Clinical Notes (History & Physical, Imaging and Lab results)
☐ Copy of Insurance Card