

REFERRAL REQUEST

Robert Bloom, M.D.
Mark Granada, M.D.
Rabih Halabi, M.D.
James P. Lamberti, M.D.
Eric A. Libré, M.D.

Shubha Srinivas, M.D.
Adlah Sukkar, M.D.
Amit Vaid, M.D.
Ellen C Vaughey, M.D.
Matthew E. Williams, M.D.

Patient Name

Phone

PHYSICIAN CONSULT

- Pulmonary Consult Sleep Consult

Needed By:

- Urgent (Within One Week) Routine (2-4 Weeks)

PULMONARY DIAGNOSTICS (Annandale location only)

- Complete Pulmonary Function Test Methacholine Bronchoprovocation
 Amiodarone Respiratory Monitoring

The Program consists of a complete pulmonary function test and CXR every six months while the patient is on amiodarone therapy. Our office will forward interpreted results to the referring physician and assume responsibility for scheduling follow-up testing.

PLEASE CONTACT OUR OFFICE FOR TEST INSTRUCTIONS

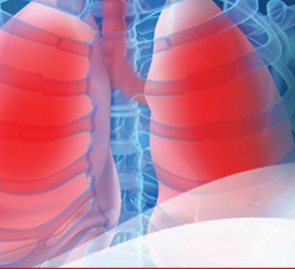
Referring Physician Signature

Date

Referring Physician Name (Printed)

Preferred Fax Number to Send Report

This referral form can be downloaded from our website
www.nvpcca.com



NVPCCA Locations

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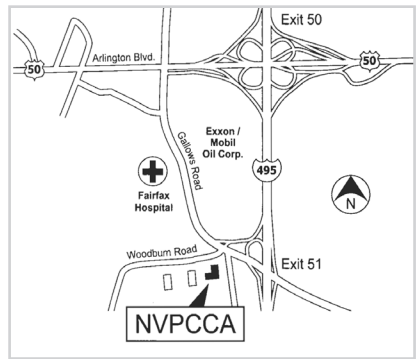
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Annandale

3289 Woodburn Road
Suite 350
Annandale, VA 22003

**For Appointments:
703-641-8616**

Fax Orders To:
703-573-1480



Falls Church

101 W. Broad Street
Suite 301
Falls Church, VA 22046

**For Appointments:
703-276-1916**

Fax Orders To:
703-573-0415

