

Patient Referral Form

The Johns Hopkins Hospital Lung Transplant Program

To refer a patient, contact our nurse navigator, Gina Pace
Office: 410-614-4898 option 2 Cell: 410-382-7480 Email: gpace@jhmi.edu

Please complete the following form and attach records listed below. We request the following information as soon as possible to minimize any delay in scheduling appointments.

1 Patient Information:

Name _____ DOB _____
Address _____
Home Phone _____ Cell or Alternate Phone _____
Diagnosis _____

2 Insurance Information: Please attach copy of patients insurance card.

3 Referring Physician Information:

Name _____
Address _____
Phone _____ Fax _____

4 Please attach the following records if available:

1. Most recent results of:
 - Pulmonary function tests
 - Radiology studies (CT scans, X-rays, etc.)
 - Lung pathology reports
 - Lab work in the past 3 months, including arterial blood gases
 - Echocardiogram
 - Cardiac catheterization
2. Most recent clinic notes:
 - History and physical
 - Office notes
 - Discharge summaries

5 Referrals and associated documents can be sent to us via:

- Fax: 410-614-7008
- Mail: The Johns Hopkins Lung Transplant Office, 1800 Orleans St. Halsted 663, Baltimore, MD 21287

Pulmonologists:

Dr. Christian Merlo: cmerlo@jhmi.edu
Dr. Jonathan Orens: jorens@jhmi.edu
Dr. Pali Shah: pdedhiy2@jhmi.edu
Dr. Leann Silhan: lsilhan1@jhmi.edu

Surgeons:

Dr. Errol Bush: errol.bush@jhu.edu

Nurse Practitioner:

Gina Pace, R.N., B.S.N.: gpace@jhmi.edu
Kaitlin Wright, M.S., R.N.: kwoikel@jhmi.edu

Visit our website: hopkinsmedicine.org/transplant

