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: lungtransplant@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

Cell (optional)* Email (optional)*

**Cell numbers and email addresses are used to provide physician-to-physician updates.*

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
- Email: lungtransplant@jhmi.edu
- 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, 443-564-3709
Dr. Eric Nolley: enolley1@jhmi.edu

Surgeons:
Dr. Errol Bush: errol.bush@jhu.edu
Dr. Stephen Broderick: sbroder7@jhmi.edu
Dr. Jinny Ha: jha1@jhmi.edu

Transplant Coordinators:
Gina Pace, R.N., B.S.N.: gpace@jhmi.edu
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Visit our website: hopkinsmedicine.org/transplant

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