



Lung & Sleep Clinic
of Alaska, Inc.

- 2741 Debarr Rd Ste 307, Anchorage
Phone: (907)646-2230
Fax: (907)646-2232
- 950 E Bogard Rd Ste 228, Wasilla
Phone: (866)646-2230
Fax: (907)646-2232

Email: reception@lungandsleep.com

We are forwarding the following patient to The Lung & Sleep Clinic of Alaska for:

- Lung Consultation Patient's Diagnosis for Appt _____
- Sleep Consultation
- Manage Sleep Disorders

Patient Name _____ DOB _____

Home Number _____ Cell/Work _____

Patient's Insurance _____ ID Number _____

Referring Physician _____ NPI _____

In order to provide the quality care that you expect for your patients, we will need all relevant referral paperwork (i.e. Labs/Tests, last chart notes, medication list, History/Physical, Demographics, etc.), prior to the scheduled appointment. Upon completion of the consultation we will inform you of our findings and recommendations.

Thank you,

Lung & Sleep Clinic Staff

William Lucht MD.

○ The above patient is scheduled on _____.

○ The above patient declined an appointment at this time.

Due to _____

FAXED _____

BY _____