Dulce Moreno
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Stanford Health Care
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Stanford Health Care ILD Clinic

Fax

To:	**From:** Dulce Moreno
Fax:	**Pages:** 1
Phone:	**Date:** 3/24/2025
Re:	**cc:**

Dear Dr. _____,
Thank you very much for referring _____to our Center for Interstitial Lung Disease. We will need the following medical records **faxed to (650) 724-6096** prior to our seeing your patient. Please call me at **(650) 725-7338** if you have any questions we can help you with.

- ☐ **ALL** History and Physical office notes INCLUDING CURRENT MED LIST
- ☐ **ALL** Chest Imaging including all CXR's, PET/CT scans, CTAs, and CT Abd/Pelvis
- ☐ **ALL** Pulmonary Function Test Graphs w/Values
- ☐ **ALL** 6 minute walk test reports or exercise oximetry if available
- ☐ Labs – serology, autoimmune testing results if done
- ☐ Lung biopsy pathology report if done (TBBx and BAL results, or VATS)
- ☐ Echo report if done
- ☐ Rheumatology visit note if available
- ☐ Cardiology visit note report if available
- ☐ Insurance Authorization, if applicable