



FLINT

McLaren Flint Thoracic Surgery Referral

Phone: (810) 342-2590

Fax: (810) 342-2591

Patient Diagnosis: _____

Patient Demographics

Patient Name: _____

Patient Address: _____

Patient DOB: _____

Patient Phone Number: _____

Tests Completed

CT Scan

CT Biopsy

PET Scan

PFT

Lab work completed within 30 days

YES or NO

Presented at tumor board

If so, please attach recommendations.

Office Notes

Pt demographics with current insurance information

Pathology Reports

When we receive your patient, we will FAX you their appointment date and time.

McLaren Flint Thoracic Surgery Appointment

Appointment Date: _____

Appointment Time: _____