



RAHUL K. KAKKAR, MD, FCCP, FAASM

PULMONARY, SLEEP and OBESITY MEDICINE

REQUEST FOR CONSULTATION

REFERRAL PHONE: 910-824-7619

REFERRAL FAX: 910-824- 7754

SANFORD

FAYETTEVILLE

CARY (Please Circle Preferred Location)

Consult for

- | | |
|--|--|
| <input type="checkbox"/> Abnormal X-ray | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Bronchiectasis | <input type="checkbox"/> COPD/Emphysema |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Interstitial Lung Disease | <input type="checkbox"/> Lung Cancer |
| <input type="checkbox"/> Pulmonary Hypertension | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Sleep Problems/ Insomnia | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Sleep Related Behavior Problems | <input type="checkbox"/> Snoring |
| <input type="checkbox"/> Childhood Obesity | <input type="checkbox"/> Adult Obesity |

REFERRAL: Transfer of Care for this problem

Patient Information

Name: _____ DOB: _____

Address: _____

Phone #: _____ Email: _____

Insurance Carrier: _____ ID# _____

Group # _____ Effective Date: _____

Additional Information: _____

Requesting Physician/Provider Name: _____

Please Instruct the patient to bring all x-ray and CT images on a disc (if available) and medications

Rahul K. Kakkar, MD, FCCP, FAASM

Certified in Internal Medicine, Pulmonary Disease, Critical Care and Sleep Medicine by American Board of Internal Medicine and by National Board of Physicians and Surgeons

Certified by American Board of Sleep Medicine, and American Board of Obesity Medicine

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