

Dr. Rahul K. Kakkar, MD, FCCP, FAASM

Pulmonary and Sleep Medicine - Request for Consultation

Office

☐ Fayetteville – Referral FAX: 910-824-7754 – Office Line: 910-824-7619

☐ Sanford – Referral FAX: 910-824-7754 – Office Line: 919-935-0773

Reason for Consult

- | | |
|---|--|
| ☐ Abnormal X-Ray | ☐ Sleep Problems / Insomnia |
| ☐ Shortness of Breath | ☐ Sleep Apnea |
| ☐ Pulmonary Function Testing | ☐ Excessive Daytime Sleepiness |
| ☐ Cough | ☐ Abnormal Behaviors in Sleep |
| ☐ Lung Cancer | ☐ Home Sleep Apnea Test, no consult |
| ☐ Pulmonary Hypertension | ☐ Other: _____ |
| ☐ Asthma | _____ |

Patient Information

Name: _____ DOB: _____

Address: _____

Email: _____ Phone #: _____

Insurance Carrier: _____ ID#: _____

Group #: _____ Effective Date: _____

Additional Information: _____

Requesting Physician/Provider Name: _____